

# Prison Rape Elimination Act (PREA) Audit Report

## Adult Prisons & Jails

☐ Interim ☒ Final  
Date of Report July 21, 2019

### Auditor Information

Name: Debra D. Dawson	Email: dddawsonprofessionalaudits@gmail.com
Company Name: 3D PREA Auditing & Consulting, LLC	
Mailing Address: P.O. Box 5825	City, State, Zip: Greenwood, FL 32443
Telephone: 850-209-4878	Date of Facility Visit: June 10-12, 2019

### Agency Information

Name of Agency:	Governing Authority or Parent Agency (If Applicable):		
Missouri Department of Corrections	State of Missouri		
Physical Address: 2729 Plaza Drive	City, State, Zip: Jefferson City, Missouri 65109		
Mailing Address: P.O. Box 263	City, State, Zip: Jefferson City, Mo.65102		
Telephone: 573 751-2389	Is Agency accredited by any organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal

Agency mission: Improving Lives for Safer Communities

Agency Website with PREA Information: <http://doc.mo.gov/programs/PREA>

### Agency Chief Executive Officer

Name: Anne L. Precythe	Title: Director
Email: Anne.Precythe@doc.mo.gov	Telephone: 573 751-2389

### Agency-Wide PREA Coordinator

<b>Name:</b> Vevia Sturm	<b>Title:</b> Missouri Office of Professional Standard (OPS) PREA Coordinator
<b>Email:</b> Vevia.Sturm@doc.mo.gov	<b>Telephone:</b> 573 751-2389

<b>PREA Coordinator Reports to:</b>  Matt Briesacher Office of Professional Standards	<b>Number of Compliance Coordinators who report to the PREA Coordinator.</b> 0
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### Facility Information

<b>Name of Facility:</b> Chillicothe Correctional Center			
<b>Physical Address:</b> 3151 Litton Road Chillicothe, MO 64601			
<b>Mailing Address (if different than above):</b>			
<b>Telephone Number:</b> (816) 842-7467			
<b>The Facility Is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
<b>Facility Type:</b>	<input type="checkbox"/> Jail		<input checked="" type="checkbox"/> Prison
<b>Facility Mission</b> Improving Lives for Safer Communities			
<b>Facility Website with PREA Information:</b> <a href="http://doc.mo.gov/programs/PREA">http://doc.mo.gov/programs/PREA</a>			

### Warden/Superintendent

<b>Name:</b> Chris McBee	<b>Title:</b> Warden
<b>Email:</b> chris.McBee@doc.mo.gov	<b>Telephone</b> (606) 646-4032

### Facility PREA Compliance Coordinator

<b>Name:</b> Kimberly Herring	<b>Title:</b> Deputy Warden of Offender Management
<b>Email:</b> kimberly.herring@doc.gov	<b>Telephone:</b> (606) 646-4032

### Facility Health Service Administrator

<b>Name:</b> Sterling Ream	<b>Title:</b> Health Service Administrator
<b>Email:</b> sterling.ream@corizonhealth.com	<b>Telephone:</b> (606) 646-4032

### Facility Characteristics

Designated Facility Capacity: 1636		Current Population of Facility: 1425		
Number of inmates admitted to facility during the past 12 months				1598
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:				1590
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:				1598
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:				150
Age Range of	Youthful Inmates Under 18: N/A		Adults: 18-78	
Population:			Adult Females	
Are youthful inmates housed separately from the adult population?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input checked="" type="checkbox"/> .NA	
Number of youthful inmates housed at this facility during the past 12 months:				N/A
Average length of stay or time under supervision:				2.44 years
Facility security level/inmate custody levels:				Minimum - maximum
Number of staff currently employed by the facility who may have contact with inmates:				540
Number of staff hired by the facility during the past 12 months who may have contact with inmates:				99
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:				2
<b>Physical Plant</b>				
Number of Buildings: 14		Number of Single Cell Housing Units: 0		
Number of Multiple Occupancy Cell Housing Units:		38		
Number of Open Bay/Dorm Housing Units:		0		
Number of Segregation Cells (Administrative and Disciplinary):		58		
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):				
<p>CCC currently has 449 cameras. The cameras are strategically placed in administrative segregation, mental health unit, substance abuse unit, offenders housing units 4-7, administration area, visiting room, medical unit, central services area/program area, staff training center, facility power house, state garage and throughout the outside areas to monitor inner compound and outer perimeter grounds of the facility. The retention period is 30 days.</p>				
<b>Medical</b>				
Type of Medical Facility:		20 bed infirmary unit, complete with emergency room and pharmacy. Variety of onsite medical providers with 24 hours coverage		
Forensic sexual assault medical exams are conducted at:		Forensic examinations are conducted on site and/or at White Memorial Hospital		

Other	
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:	65 Contractors/ 109 Volunteers
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	10

## Audit Findings

### Audit Narrative

The Prison Rape Elimination Act (PREA) Recertification Audit for Chillicothe Correctional Center (CCC), Missouri Department of Corrections (MDOC) was conducted on June 10-12, 2019. The PREA audit was coordinated through the MDOC Office of Professional Standards and 3D PREA Auditing & Consulting, LLC. Department of Justice Certified PREA Auditors Debra Dawson and Joy Bell were assigned to conduct the audit. Debra Dawson served as the lead auditor.

An open line of communication was developed between the Lead Auditor, Officer of Professional Standards (OPS) PREA Coordinator Vevia Sturm and CCC Deputy Warden of Offender Management/ (PREA Site Coordinator) Kimberly Herring. Communication was maintained via phone, and emails regarding the Pre-Audit Questionnaire (PAQ), posting of audit notice and audit logistics.

A flash drive was forward to the lead auditor by the PREA Site Coordinator. The flash drive contained the Pre-Audit Questionnaire (PAQ) and supporting documentation within designated folders for each of the 43 standards. The documentation included agency policies, procedures, forms, posters, pamphlets, brochures, handbooks, educational materials, training curriculums, staff and offender acknowledgement of PREA training, organizational charts, offender risk assessments, investigative files and results to demonstrate compliance with each PREA standards. A physical plant schematic for a pre tour scheduling itinerary was provided. The lead auditor requested additional documentation during the pre-audit, site visit and post audit phrases. All requested documentation was submitted timely.

The entrance meeting was held on June 10, 2019 at approximately 8:10 a.m. with Warden Chris McBee, PREA Site Coordinator Kimberly Herring; OPS PREA Coordinator Vevia Sturm and the assigned PREA auditors. At the conclusion of the opening meeting, a tour of the facility was conducted. The auditors were accompanied by PREA Site Coordinator and PREA OPS Coordinator. All areas of the facility were visited during the tour to include the administration area, offender housing units, administrative segregation, medical/pharmacy, gymnasium, education/classrooms, Missouri Vocational Education (MVE) clothing factory, vocational education area, warehouse areas, maintenance shop, laundry services, chapel, library, food service, canteen, canteen warehouse, classification, clothing issue, visiting room, maintenance, and control room. Continued PREA educational material to include posters, third-party reporting, and flyers was posted throughout the facility to include the offender visiting room. The notification of the PREA audit site visit was confirmed during the pre-audit process as being posted on May 6, 2019. A date stamp photocopy of the posting was forwarded to the lead auditor as confirmation. Auditors observed the notice posted on bulletin boards throughout all departments and offender housing units with viewing accessibility to all offenders and staff.

CCC has 307 security staff who are assigned to the various three correctional shifts. There are 189 non-security staff and 65 contact staff. The auditors conducted 49 staff interviews at CCC that included 26

random interviews and 23 specialized interviews. Security staff interviewed included Major, Captains, Lieutenants, and Correctional Officers. All staff interviewed have been properly trained as PREA first responders and were well versed in their areas of responsibility regarding response to PREA allegations. Specialized staff interviewed included: (1) Director of Adult Correctional Institutions; (1) Warden; (1) PREA Site Coordinator; (1) OPS PREA Coordinator; (1) Agency Contract Administrator; (1) Intermediate or Higher-level facility staff; (1) Human Services Supervisor; (1) SANE Nurse; (1) Volunteer; (1) Contract Chief of Mental Health; (1) Contract Infection Control Nurse; (2) Investigative Staff; (2) Intake Staff; (2) Facility Victim Advocate; (2) Staff who perform screening for risk of victimization and abusiveness; (1) Staff who supervise offenders in segregated housing; (1) Incident Review Team Member; (2) Designated staff member charged with monitoring retaliation; (1) security staff who served as a first responder; (1) non-security staff who served as a first responder.

There were 1425 offenders designated at CCC on the first day of the site visit. Fifty-four offenders were selected for interviews. Twenty-nine (29) inmates were selected for random interviews. Twenty-five (25) offenders were selected from the following targeted groups: (3) offenders who had physical or mental disabilities, (3) who self-identified as transgender, (9) that self-identified as gay or bisexual, (1) offender with Limited English Proficiency, (5) offenders who reported prior sexual victimization, and (4) Offenders who reported sexual abuse. There were (0) youthful offenders, (0) Offenders placed in segregated housing (for risk of sexual victimization/who alleged to have suffered sexual abuse) designated at CCC during the site visit. The auditors utilized housing unit rosters to select offenders for random interviews. The offenders interviewed stated they felt generally safe and expressed an understanding of the PREA education they received and methods of reporting. The offenders acknowledged continuous PREA information posted throughout the facility to reference as needed.

The auditors carefully examined a sampling of personnel files, new hires, promotional staff, background checks, staff, volunteers, and contractor workers PREA training documentation that were provided for review. Individuals are not allowed entrance into the facility to work or volunteer until a thorough background check has been completed.

A sampling of offender institutional files was selected and observed documentation indicated by their signature documented receipt of PREA education. Documentation was also reviewed for 70 initial 72 hours risk screenings assessments and 30 day reassessments.

One hundred and eighty-six PREA allegations of sexual abuse and/or sexual harassment were reported during the past 12 months of the audit. There were 93 allegations of sexual abuse reported. Six allegations involving offender on offender sexual abuse were determined Substantiated, 10 Unsubstantiated, and 32 Unfounded. Twelve investigations remained pending during the audit process.

There were 33 reported allegations for staff on offender sexual abuse. Three were determined to be Unsubstantiated, 14 Unfounded, and 16 remained pending during the audit process.

Seventy-eight allegations were reported for offender on offender sexual harassment. Thirteen were determined to be Substantiated, 36 Unsubstantiated and 26 Unfounded. Three remained pending during the audit process.

Fifteen allegations of sexual harassment were reported for staff on offender sexual harassment. One was determined to be Substantiated, four Unsubstantiated, and 8 Unfounded. Two remained pending during the audit process.

Therefore, there were 20 reported PREA allegations with an investigative finding of Substantiated; 53 PREA allegations reported with the investigative findings of Unsubstantiated and 80 PREA allegations with the investigative findings of Unfounded. Thirty-three PREA reported allegations remained pending.

There were zero PREA allegations completed by an outside agency. Four forensic medical examinations completed. Thirty-five completed investigations were reviewed by the auditors. All investigations documented the investigation process per agency policy and PREA standard 115.71. The case files included, all interviews, photos, recording video footage, first responder details, outcome notification, retaliation monitoring (when required) and incident reviews.

At the conclusion of the on-site visit on June 12, 2019 an exit meeting was held to discuss the audit findings with Warden Chris McBee, PREA Site Coordinator Kimberly Herring; OPS PREA Coordinator Vevia Sturm; and the assigned PREA auditors. A corrective measure of reorganizing shelves and installing two mirrors in the clothing issue area to eliminate blind spots that interfered with staff observation of offender workers was discussed. The facility immediately took action to install the two mirrors and rearranged the shelves of laundry and clothing. The project was completed on June 12, 2019.

Additionally, the auditors identified a heavy volume of boxes within the small warehouse due to the end of year spending. Reorganization of boxes and direct monitoring of the 10 assigned offender workers by the five MDOC staff assigned to the area was implemented. A memorandum was forwarded to staff assigned referencing in guidance in this area.

## Facility Characteristics

Ground was broken for the new Chillicothe Correctional Center on October 24, 2006. On December 4, 2008, four hundred eighty-four (484) offenders were moved to the new facility without incident. One thousand six hundred forty-seven (1647) offenders are currently incarcerated at Chillicothe Correctional Center. The facility has an operational capacity of 1,728 offenders. CCC is a 1728 bed, all female facility. We are designed to house all custody levels minimum, medium and maximum. There are 8 buildings on the facility grounds that are designed to house female offenders. The 8-housing unit have a variety of individual wings where offenders are specifically assigned without authorization to enter the others. Therefore, within the 8 housing units there a total of 38 wings/housing units.

The institution is situated on one hundred forty (140) acres of land with approximately forty (40) acres located inside the fenced security perimeter. The new Chillicothe Correctional Center is a 508,000 square foot prison which incorporates five butterfly-shaped housing units anchored by a central services building. The (126,000) square foot central services building houses a gymnasium, classrooms, kitchen facilities, dining halls, MVE clothing factory, vocational education area, warehouse areas, maintenance shop, and laundry services. The campus also incorporates an administration building, a health center and a training building.

I would also like to provide a brief overview of the Chillicothe Correctional Center. Housing Unit 1 is the Administrative Segregation housing unit. Housing Unit 2 is designed as a Mental Health Unit, housing the Women's Social Rehabilitation Unit. Housing Unit 3 was originally designed to accommodate Reception and Diagnostic needs; however, all receiving and diagnostic processes occur at Women's Eastern Reception and Diagnostic Center. Therefore, Housing Unit 3 is currently being utilized as a 200-bed treatment unit offering drug use and abuse treatment services. Housing Units 4-7 are general

population units with four (4) offenders per room. Housing Unit 8 is also a general population unit, however, the cells on this unit are 2-person wet cells.

Housing Unit #1 contains the institution's seventy-eight (78) bed segregation unit with two wings/housing units. This unit is utilized to house offenders who are placed on a temporary housing or administrative segregation assignments. This unit also houses those offenders who are placed on suicide watch, awaiting transportation to court appearance, and those offenders who have protective custody needs. All of the cells in this unit are monitored by camera. Adjacent to the segregation unit are the offices for Classification and Mental Health staff.

Housing Unit #2 currently houses a forty-eight (48) bed Women's Empowerment Program designed to house offenders who have mental health and socialization needs and may need additional oversight without two wings/housing units. This program is facilitated by Classification Staff with the intent that offenders gain the ability to take control of their future through programming and individual care. This unit also houses a thirty (30) bed Women's Social Rehabilitation Unit (WSRU). Licensed Mental Health Staff within this unit will provide services to offenders with significant mental illness who are unable to function adequately in a general population setting. This Unit is also used to house offenders in temporary administrative segregation status that are on full suicide watch or close observation.

Housing Unit # 3 is a two hundred (200)-bed unit was originally designated as a Reception and Diagnostic intake unit. The housing unit has two wings/housing units with 100 offenders per each. The unit is currently being utilized to provide Substance Abuse treatment services to 200 offenders who are court or board ordered to participate in a substance abuse treatment program. Many of the substance abuse classrooms and staff offices are located directly on the unit, providing convenience for treatment staff.

Housing Unit #4 is a three hundred twenty (320)-bed unit, which currently provides general population housing as well as Reception and Orientation services to newly assigned offenders. There are four individual housing units/wings in housing unit #4 with 16 four (4) person rooms each.

Housing Unit #5 is a three hundred twenty (320)-bed unit housing general population offenders and Beauty for Ashes program. The Beauty for Ashes program is a Christian based program to identify root issues that cause unwanted behaviors and spiritual truths to help with healing and modifying future behaviors. There are four individual housing units/wings in housing unit #5 with 16 four (4) person rooms each.

Housing Unit #6 is a two hundred fifty-six (256)-bed unit housing general population offenders. Housing Unit #6 B wing serves as an incentive wing in addition to housing Puppies for Parole program. Local shelters provide dogs for the offenders to work with to help them become more adoptable. The program currently houses 16 dogs. There are four individual housing units/wings within housing unit #6 with 16 four (4) person rooms each.

Housing Unit # 7 is a two hundred fifty-six (256)-bed unit housing general population offenders with four individual housing units/wings. Of the 256-bed unit, wings A & B are

incentive wings that house sixty-four (64) offenders on each wing/housing unit. There are four individual housing units/wings in housing unit #7. with 16 four (4) person rooms each.

Housing Unit # 8 is a 240-bed unit. A Wing serves as a 56-bed substance abuse treatment wing. B wing currently houses the work release offenders. C Wing is an incentive wing for offenders who have longer sentences. D wing is a general population wing that is primary for offender's who have medical needs or difficulty functioning with multiple cell mates. There are four individual housing units/wings in housing unit #8. Housing Unit 8 is also a general population unit, however, the cells on this unit are 2-person wet cells.

Building #9 is the location of the administration area and the Visiting Room area for the facility.

Building #10 is the medical unit of the facility. The medical unit also includes a 20-bed transitional care unit complete with 4 negative air rooms.

Building #12 is referred to as Central Services. It is an extremely large building centrally located at the forefront of the facility. Some of the areas located in this building include Academic Education classrooms, Library, Vocational Education classrooms, MVE (clothing factory), Laundry facilities, Canteen, Food Service, Recreation (gym), Religious Chapel and Banquet room, Restorative Justice Room, warehouse, and the Maintenance Department.

Building #13 is the Staff Training Complex located outside of the secure perimeter of the facility.

Building #14 is the Powerhouse and State Garage. This building is also located outside of the secure perimeter of the facility. As there are Offender Work Release workers in the area, 15 cameras are located in this area.

Offender showers are all single stall showers that are positioned on the outside walls of the housing unit/wings. Each stall has a privacy door. Each shower stall on the bottom tier has an additional 18" shower curtain positioned above the shower doors to prevent viewing in the shower stalls from the upper tier.

Each toilet area in the general population housing units are in individual stalls. They are positioned on the outside walls of the housing units/wing across from the showers. Each stall has a metal door that locks from the inside of the stall. These stalls are very similar to public restroom in businesses.

Several of the volunteers provide religious services, but we also have volunteers who provide educational opportunities, such as Rockhurst University. In addition to the numerous religious services available to the offender population, CCC also has several volunteers who provide a variety of programs for the offenders to participate in. PATCH (Parents and their Children) provides a unique opportunity for mothers of incarcerated children to earn extra visits with their child by completing a series of parenting classes. 4H Life volunteers also provide parenting classes to the offender population. There are volunteers who deliver other programs such as structured Alcohol Anonymous and Narcotics Anonymous meetings.

CCC offers the following an array of service opportunities career and technical education programs, spiritual programs and mental health services/programs for the offender population to include: Academic education programs; Offender Offering Alternatives Program (OOAP);



Puppies for Parole, Stand For the Silent (SFTS); Restorative Justice; Gardens; Work Release Programs; Business Technology; Basic Customer Service; Cosmetology; Culinary Arts; Professional Gardening and Landscaping Missouri Vocational Enterprises Missouri Reentry Process (Offender's Map to Success-Transitional Accountability Plan); Anger Management Education Program for Offenders; Impact of Crime on Victims Class; Pathway to Change; Pre-Release Class; Resource Library; 4H-Life; Story Link; Alcohol Anonymous and Narcotics Anonymous and Women's Way; Impact of Crime on Victims, Medication Management; Emotional Empowerment; Thinking Errors; Intermediate Communication; Self Esteem; Life After Release; Trauma; Emotions Attitude Growth Learning and Excel (E.A.G. L.E.) Mental Awareness Program (M.A.P.) and short term, intermediate, and long term substance abuse services. CCC received the National Commission on Correctional Health Care (NCCHC) accreditation.

## Summary of Audit Findings

**Number of Standards Exceeded:** 2

115.16: Inmates with disabilities and inmates who are limited English proficient; 115.41 Screening for risk of victimization and abusiveness;

**Number of Standards Met:** 41

115.11: Zero Tolerance of sexual abuse and sexual harassment: PRE Coordinator; 115.12: Contracting with other entities for the confinement of inmates; 115.13: Supervision and monitoring; 115.14: Youthful inmates ; 115.15: Limits to cross-gender viewing and searches; 115.17: Hiring and promotions decisions; 115.18: Upgrades to facilities and technologies; 115.21 Evidence protocol and forensic medical examinations; 115.22: Policies to ensure referrals of allegations for investigations; 115.31 Employee Training; 115.32 Volunteer and contractor training; 115.33 Inmate Education; 115.34: Specialized training :Investigations; 115.35 Specialized training: Medical and mental health care; 115.42: Use of screening information; 115.43: Protective Custody; 115.51: Inmate reporting ; 115.52 Exhaustion of administrative remedies; 115.53: Inmate access to outside confidential support services; 115.54 Third-party reporting; 115.61 Staff and agency reporting duties; 115.62: Agency protection duties; 115.63: Reporting to other confinement facilities; 115.64: Staff first responder duties; 115.65 Coordinated response; 115.66: Preservation of ability to protect inmates from contract with abusers; 115.67: Agency protection against retaliation; 115.68: Post-allegation protective custody; 115.71: Criminal and administrative agency investigations; 115.72: Evidentiary standard for administrative investigations; 115.73: Reporting to inmates; 115.76: Disciplinary sanctions for staff; 115.77: Corrective action for contractors and volunteers; 115.78: Disciplinary sanctions for inmates; 115. 81 Medical and mental health screenings: history of sexual abuse: 115.82: Access to emergency medical and mental health services; 115.83: Ongoing medical and mental health care for sexual abuse victims and abuser; 115.86 Sexual abuse incident reviews ; 115.87 Data collection; 115.88 Data review for corrective action; 115.89 Data storage, publication, and destruction.

**Number of Standards Not Met:** 0

**Summary of Corrective Action (if any) N/A**

## PREVENTION PLANNING

### Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

#### 115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? ☒ Yes ☐ No

#### 115.11 (b)

- Has the agency employed or designated an agency wide PREA Coordinator? ☒ Yes ☐ No
- Is the PREA Coordinator position in the upper level of the agency hierarchy? ☒ Yes ☐ No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities? ☒ Yes ☐ No

#### 115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance Coordinator? (N/A if agency operates only one facility.) ☒ Yes ☐ No. ☐ NA
- Does the PREA compliance Coordinator have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.) ☒ Yes ☐ No. ☐ NA

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of Missouri Department of Corrections Department Procedural Manual, D1-8.13 Offender Sexual Abuse and Harassment (MDOC Policy D1-8.13); CCC Offender Handbook; Director's Office and Facility Organization Charts and duties of the MDOC PREA Coordinator and PREA Site Coordinator it was determined CCC meets the mandate of this standard. MDOC and CCC have written policies and procedures in place to support the agency's mission and goal of maintaining a zero tolerance of sexual abuse and sexual harassment. The policies provide an outline of required practice in the agency's approach to preventing, detecting, and responding to allegations of sexual harassment or sexual abuse. The policy includes definitions of prohibited behaviors regarding sexual assault and sexual harassment of offenders with sanctions for those found to have participated in these prohibited behaviors. Policies identify the agency's strategies and responsibilities to detect, reduce and prevent sexual abuse and sexual harassment of offenders.

The OPS PREA Coordinator is a position assigned by the OPS Director to coordinate the agency's statewide compliance with PREA. In an interview with the OPS PREA Coordinator, she confirmed that her time is exclusively devoted to ensuring compliance with all PREA standards and ensure the prevention of sexual abuse and sexual harassment. The Deputy Warden of Offender Management is assigned as the PREA Site Coordinator and is responsible for ensuring PREA standards are maintained at the facility. An interview with the PREA Site Coordinator confirmed she makes time to fulfill her duties as the PREA Site Coordinator by prioritizing her duties and ensuring her duties as the PREA Site Coordinator is completed. Effective communication between the OPS PREA Coordinator and the PREA Site Coordinator is routinely maintained through phone calls, memorandums, emails, training, and meetings to discuss policy updates, new initiatives and any issues of concerns.

## **Standard 115.12: Contracting with other entities for the confinement of inmates**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.12 (a)**

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) ☒ Yes ☐ No ☐ NA

#### **115.12 (b)**

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates OR the response to 115.12(a)-1 is "NO".) ☒ Yes ☐ No ☐ NA

### **Auditor Overall Compliance Determination**

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.13 Offender Sexual Abuse and Harassment; Memorandum from Warden; contracts with community confinement facilities under the authority of the Division of Probation and Parole and interviews with the OPS PREA Coordinator and Warden, CCC meet the mandate of this standard. The contracts require the contractors adopt and comply with PREA standards and compliance is monitored by the agency. However, CCC does not contract with other entities for the confinement of its offenders.

### **Standard 115.13: Supervision and monitoring**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.13 (a)**

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No ☐ NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

#### 115.13 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)  
☐ Yes ☐ No ☒ NA

#### 115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? ☒ Yes ☐ No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? ☒ Yes ☐ No

### 115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? ☒ Yes ☐ No
- Is this policy and practice implemented for night shifts as well as day shifts? ☒ Yes ☐ No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.13 Offender Sexual Abuse and Harassment; Institutional Staffing Rosters; 2009 Staffing Pattern Charts; Executive Summary; 2009 New Post Analysis; PREA Yearly Staffing Report; Post Analysis; Correctional Officer Staffing Analysis; Staffing Pattern Charts; Shifts 1, 2, and 3, Staffing Evaluation 2016, 2017 and 2018; 2018 PREA Annual Report; Custody Daily Rosters; Documentation of Unannounced Rounds Logs; IS20.-1.1 Post Orders; IS228 Implementation Teams Report, CCC meets the mandate of this standard. Staffing plans for all MDOC facilities were originally developed by Central Office in 2009 which the agency continues to work from. The staffing plan addresses the items listed in section 115.13a. The PREA 2018 Annual Report was dated December 27, 2018. Per the Warden, the agency ensures the facility does not go below the identified staffing level for each shift. All critical post would be manned. Any deviations from the staffing plan would be documented in addition to the reason for the deviation. If there was a need for additional staff, overtime would be authorized in lieu of vacating a critical post. There were no deviations noted to have occurred.

The facility has 449 cameras strategically located throughout the facility to assist staff in monitoring security and activities and offender behavior. There is a total of 28 cameras per general population housing units for a total of 112 cameras between the units. There is a total of 60 cameras to include one in each cell in the administrative segregation unit. The toilet area and small section is blotted out. Therefore, the offender cannot be viewed while using the restroom or changing clothes in that area. In administrative segregation the offenders are issued administrative segregation clothing which is exchanged when the offenders are escorted for showers. The change of clothing is performed in the shower area where there are privacy barriers in place on each shower stall, (door), in addition to the extremely long 18" high curtain that block off the shower area from view of the hallway. A female staff member is posted on the inner side of the curtains with view of head and feet of the offenders within each shower. In building #2, mental health unit, there are 23 cameras between the two wings. One camera is

installed in each suicide watch cell. Review of video monitoring confirmed the offenders' privacy during showering, use of toilet, change of clothes and performance of bodily functions was not observed by staff during video monitoring. The facility is designated as an adult female facility. Both female and male staffs are assigned to each shift.

The clothing issue area is very small and has limited space. The auditors identified blind spots in this area and the need for reorganizing of the shelves used for storage of blankets, offenders' jackets, etc. The identified blind spots prevented the one staff member assigned from full observation of the offenders assigned to work this area. Therefore, this discrepancy was identified as a factor in the facility not meeting the mandate of this standard. This matter was brought to the attention of the Warden, PREA Site Coordinator and OPS PREA Coordinator. A corrective measure plan was developed that included reorganizing the shelving and installing two mirrors that allowed staff to view all offenders from the various angles. Reorganization of the shelves and installation of the two mirrors were completed on June 12, 2019.

The unannounced PREA rounds logs are documented as log entries in each area of the facility, and documentation of rounds are noted by the housing unit officer in their chronological logs. Interviews with intermediate-level or higher-level supervisors that included Captains, Lieutenants, and Functional Unit Managers indicated they are aware of their responsibility to conduct unannounced PREA rounds. Supervisory staff stated rounds are conducted out of sequence to prevent a pattern. A review of the logs confirms unannounced rounds are not completed in a pattern and are conducted by a variation of supervisory staff. Rounds conducted in this manner prevent staff from alerting others that supervisory unannounced rounds are being conducted. Post orders include a general order prohibiting staff members from alerting each other that unannounced supervisor rounds are occurring, unless such announcement is related to legitimate operational functions of the facility. The supervisors noted they were unaware of circumstances where a staff member have alerted others of unannounced rounds being conducted. Supervisory staff stated when he conducts the rounds and go to an area, he is already there, therefore, it doesn't serve any purpose for a staff member to alert another.

## **Standard 115.14: Youthful inmates**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.14 (a)**

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

#### **115.14 (b)**

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA



### 115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- Do youthful inmates have Access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.13 Sexual Abuse and Harassment; IS5-3.1 Offender Housing Assignments; Missouri Department of Corrections Institutional Services Procedural Manual, IS5-1.1 Diagnostic Center Reception and Orientation; MDOC Statutes, Chapter 217, Section 217.345, and Interviews with Warden and PREA Site Coordinator, offenders under the age of 18 have not and will not be assigned at CCC. CCC meets the mandate of this standard.

### Standard 115.15: Limits to cross-gender viewing and searches

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.15 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners? ☒ Yes ☐ No.

### 115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20, 2017.) ☒ Yes ☐ No ☐ NA



- Does the facility always refrain from restricting female inmates' Access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 inmates before August 20, 2017.) ☐ Yes ☐ No ☒ NA

#### 115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes ☐ No
- Does the facility document all cross-gender pat-down searches of female inmates? ☒ Yes ☐ No

#### 115.15 (d)

- Does the facility implement a policy and practice that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? ☒ Yes ☐ No
- 

#### 115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex Inmates for the sole purpose of determining the inmate's genital status? ☒ Yes ☐ No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? ☒ Yes ☐ No

#### 115.15 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of Excerpt IS20-1.3 Searches

SOPD1-8.13 Offender Sexual Abuse and Harassment; SOP20-1.3 Searches; Memorandums and Directive from Director of Adult Institutions PREA Privacy Screens and Barriers; Documentation of Cross-Gender Announcements; IS11-34.1 Health Assessment and/or Physical Examination at Reception; Institutional Searches Lesson Plan; IS5-3.3 Transgender and Intersex Offenders; Institutional Staff Completed Training Log for 2018 Institutional Searches; Interviews with Staff, CCC meets the mandate of this standard. CCC is an adult female facility. The average daily number of offenders since the last PREA audit was 1557. The average daily number of offenders on which the staffing plan was predicated is 1600. The agency has policy that prohibit cross gender pat searches on female offenders, cross gender visual body cavity searches and strip searches. Individual shower stalls with appropriate showers curtains and/or doors and toilets with doors are provided for the offender population in the housing units. The showers and toilet barriers allow privacy for offenders to change of clothing, showers, use of bodily functions without being seen by nonmedical staff of the opposite gender viewing except in exigent circumstances or when such viewing is incidental to routine security checks

An announcement is made over the intercom when male staff are assigned for duty and other entry of the housing units. The announcement is entered in the chronological log noting the date, time staff person entering the area and exiting the area. A sign is posted of male staff in the housing unit for offenders who are hard of hearing or was not in the housing unit at the time of the opposite gender entry. Observation of this procedure and a review of the chronological log were conducted by the auditors.

Policy prohibits staff from physically examining transgender or intersex offenders for the sole purpose of determining the offender's genital status. The determination of transgender and/or intersex offenders genital status may be obtained during conversations with the offender, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner. Interviewed staff were given a variety of scenarios in which staff may elect to conduct a visual search of an offender identified as transgender and/or intersex for the sole purpose of determining the offender's genital status. The interviewed staff identified searches of such were prohibited and they would report any known behavior and/or attempted behavior of a co-worker regardless of the staff member's rank. The facility reported there have been no exigent circumstances at CCC that would require a cross gender strip search be conducted. Three offenders identified as transgender reported they have not encountered cross gender searches of any sort.

Procedures for conducting cross-gender searches, transgender, intersex, or gender unknown searches are outlined in the Division Institutional Searches Lesson Plan. An interview with training staff personnel confirmed hands-on training for cross-gender searches began in 2014 for all employees. The curriculum was also added at the Training Academy for all new hires at this time. All staff interviewed acknowledged receipt of institutional searches training which include conducting cross-gender searches. An electronic generated roster identified staff's completion of training. Staff provided the auditors with verbal instructions on conducting cross-gender searches.

The maintenance area is a designated post for security female staff only post due to the post assignment of conducting pat searches.

## **Standard 115.16: Inmates with disabilities and inmates who are limited English proficient**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.16 (a)**

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? ☒ Yes ☐ No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? ☒ Yes ☐ No
- Do such steps include, when necessary, providing Access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? ☒ Yes ☐ No

#### 115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? ☒ Yes ☐ No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No.

#### 115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first response duties under §115.64, or the investigation of the inmate's allegations? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.13 Offender Sexual Abuse and Harassment; Memorandum from Deputy Warden of Offender Management Guidance for Language Interpreter Services; MDOC Lesson Plan for Special Needs Provided to Staff; PREA Training Rosters of Offenders with Special Needs; PREA Written Transcript; Available Bi-lingual Staff; CCC Coordinated Response Plan; IS5-2.3 Offender Internal Classification; PREA Pamphlets and Posters; PREA Sexual Abuse Brochures in multiple languages, D5-5.1 Deaf and Hard of Hearing Offenders; Contracts with outside Translation Service

Contracts that include communication services for sign language, verbal language and a written language translations. CCC takes steps and has policies and procedures that ensure offenders with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. MDCO Policy D1-8.13 Offender Sexual Abuse and Harassment dictates PREA education shall be provided to the offender in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to offenders, who have limited reading skills in accordance with the department's procedures regarding deaf and hard of hearing offenders, disabled offenders, and blind and visually impaired offenders. Signs with words "Male" and "Female" are on all housing units. These are used for hard of hearing offenders when there is a "male on the floor", PREA announcements. Offenders who have limited English proficiency shall be provided a copy of the video transcript and the PREA offender brochure in their native language. PREA Videos are also available with closed captioning. CCC have available resources to provide offenders with materials in a variety of languages to include English, Spanish, Chinese (Traditional), Japanese, Large Print-Braille, Russian, Serb Croatian, and Vietnamese. PREA posters and educational materials are provided in English and Spanish. The PREA video is available in English and Spanish. Offenders who are deaf are provided PREA information thru written form, i.e. PREA guidelines, Education Brochures and Videos. Offenders who are blind are provided an audio version in either English or Spanish. The MDOC Lesson Plan for Special Needs completed by staff during basic institutional training goal is that students will be able to compare and contrast individuals with mild or moderate intellectual disabilities, learning disabilities, and emotional problems. Also, that staff will assess the potential problems from these impairments, predict how staff might be affected and learn techniques that facilitate learning and effective communication. There are CCC staff are available to provide translation services. One staff provide translation services for the Spanish language, one for French, one for Chinese and Spanish, and another for the Filipino-Philippines languages.

Formal and informal interviews with staff confirmed offenders are not used as interpreters, offender readers, or other types of offender assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise an offender's safety, the performance of first responder duties, or the investigation of an offender's PREA allegations.

There were zero circumstances noted where an offender was utilized to serve as an interpreter and/or offender reader. Interviews with three offenders identified with a physical or mental disability, and one offender identified as LEP confirmed staff provided PREA educational material they were able to understand.

## **Standard 115.17: Hiring and promotion decisions**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.17 (a)**

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community

facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

#### 115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates? ☒ Yes ☐ No

#### 115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency: perform a criminal background records check? ☒ Yes ☐ No
- Before hiring new employees, who may have contact with inmates, does the agency: consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? ☒ Yes ☐ No

#### 115.17 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates? ☒ Yes ☐ No

#### 115.17 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees? ☒ Yes ☐ No

#### 115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? ☒ Yes ☐ No
- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? ☒ Yes ☐ No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No

#### 115.17 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? ☒ Yes ☐ No

#### 115.17 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) ☒ Yes ☐ No ☐ NA

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with D1-8.13 Offender Sexual Abuse and Harassment; Applications for Employment For New Hires and Promotions; New Hire, and Rehire Completed Applications: Email for the Missouri Department of Corrections Division of Human Services, Office of Personnel; Pre-Employment PREA Checks; Background Investigations; Promotional Appointment D2-5.1 Maintenance of Employee Records;.D2-2.10.Re-Employment Appointment D2-2.8.Promotional Appointment; D2-2.2 Background Investigations; D2-11.14.Annual Employment Requirements; Staff Yearly Background Checks, Missouri PREA Hiring Checklist; Background Checklist for Contractors; Employee Handbook; Application for Employment forms, Interviews with Human Resource Manager, and Warden, CCC meets the mandate of this standard.



The Human Resource Manager was interviewed regarding a response to this standard. Ninety-nine persons who may have contact the offender population was hired within the past 12 months of the audit. Before hiring new employees the human resources staff or designee perform a criminal background records check and contact all prior institutional employers, when possible, for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse in accordance with the depart procedure regarding background investigation. Prior to approval of a promotional appointment, regardless of the salary range, a check is conducted of the employee's official personnel file through central office human resources. The check is performed to ensure the employee has received no formal discipline for sustained allegations of sexual abuse and/or harassment or any information indicating any pending or adjudicated criminal charges. All sustained allegations are considered by the department before an employee is promoted. Backgrounds checks are conducted annually after the staff member's birth month this includes all contract staff (Gateway and Corizon). During the initial background investigation process of new hires, the applicant's fingerprints are mailed to the Highway Patrol as a process for hiring and continued service A check is also conducted on the staff's driver license annually. The background checks are conducted through the Missouri State Highway Patrol utilizing the Missouri Uniform Law Enforcement System (MULES) and the National Crime Information Center System (NCICS). The Application for Employment require applicants to report all work history in prison, jail, lockup, community treatment centers, halfway house, restitution center, mental facility, alcohol or drug rehabilitation center, juvenile facility or other correctional facility (public or private). The applicant must also report if they were terminated or otherwise disciplined or counseled for sexual contract with or sexual harassment on an inmate, detainee, or resident of a correctional facility. Applicants must certify the information provided is correct to the best of their knowledge and understand that falsification of the information is grounds for disqualification from the selection process or dismissal from employment. All employees and contractors are required to report any subsequent arrest to their immediate supervisor before reporting for duty.

Verification of employment verbal requests shall be referred to the automated TALX program. Written requests shall be submitted to the central office human resources office and should be responded to in writing within 5 working days.

## **Standard 115.18: Upgrades to facilities and technologies**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.18 (a)**

- If the agency designed or acquired any new facility or planned any Substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a Substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.) ☐ Yes ☒ No  
☐ NA

#### **115.18 (b)**

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the



agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.) ☒ Yes ☐ No ☐ NA

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D4-4.8 Security Camera Operations; Staffing Plan Review 2018; Security Camera Review Summary Meeting Minutes and Interview with Warden, CCC meets the mandate of this standard. There has been no expansions or modification this the previous PREA audit. Additional cameras were installed as a need with consideration on how the technology could enhance the agency's ability to protect offenders from sexual abuse.

CCC have added several cameras for the purpose enhancing their ability to protect offenders from sexual abuse. Due to the offender population reporting numerous PREA allegations having occurred near the recreation yard handball court, programming of a camera was initialed to increase safety. A camera within the area was programmed to return to the home position which provide extensive video coverage of the identified area. After reprogramming of video coverage, alleged PREA allegations have decreased for the noted handball court area. The video and camera projects were completed in 2018.

## RESPONSIVE PLANNING

### Standard 115.21: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.21 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  
☒ Yes ☐ No ☐ NA

#### 115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

#### 115.21 (c)

- Does the agency offer all victims of sexual abuse Access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? ☒ Yes ☐ No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ☒ Yes ☐ No
- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

#### 115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? ☒ Yes ☐ No
- Has the agency documented its efforts to secure services from rape crisis centers? ☒ Yes ☐ No

#### 115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? ☒ Yes ☐ No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes ☐ No

#### 115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) ☐ Yes ☐ No ☒ NA

#### 115.21 (g)

- Auditor is not required to audit this provision.

#### 115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? [N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.] ☒ Yes ☐ No ☐ NA

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.8 Evidence Collection, Accountability and Disposal; D1-8.7 Crime Scene Security; D1-8.13 Offender Sexual Abuse and Harassment; Memorandum from Supervisor of Religious/Spiritual Programming (SRSP) to Agency Chaplains; SOPD1-8.13 Offender Sexual Abuse and Harassment; List of Available SANE Hospitals; Advocacy Training; Consent for Facility Advocacy Services; Documentation of unavailability to provide services from Crisis Center; On-Line Advocacy Learning; Letter to Missouri Sheriff Offices; Proven Partnership Contractual Agreement with Corizon, CCC Inter-office communication for PREA Protocol, CCC meets the mandate of this standard.

The Missouri Department of Corrections Office of Professional Standards PREA Unit conducts all criminal investigations and administrative investigations involving sexual abuse. The OPS PREA Unit investigators utilize nationally recognized protocols for the collection and preservation of evidence as discussed in the "A National Protocol for Sexual Assault Medical Forensic Examination." The protocols utilized are appropriate for youthful offenders. The Department's evidence protocol is outlined in D1-8.8 Evidence Collection, Accountability and Disposal All allegations involving staff and that appear to be criminal are forwarded to local law enforcement. In such an incident local law enforcement agency conduct an allegation of sexual abuse from the agency, the OPS PREA Coordinator forwarded a request

to the local Sheriff Offices. The correspondence noted that the MDOC in accordance with Prison Rape Elimination Act, request investigative agencies that conduct PREA investigations within MDOC facilities adhere to PREA Standard 115.21 Evidence protocol and forensic medical examinations as required by the PREA standards. A copy of correspondence from the OPS PREA Coordinator to the local law enforcement Sheriff Offices was provided for review by the auditors.

The auditor interviewed a OPS PREA Investigator and he confirmed all administrative and criminal investigation throughout MDOC must adhere to the investigative and evidence protocols based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents, or similarly comprehensive and authoritative protocols developed after 2011.

Medical and behavioral health care including certified Sexual Assault Nurse Examiners (SANE) are provided on-site through a contract with Corizon Health. Forensic exams are conducted on-site by a SANE nurse for an offender-on-offender sexual assault. Sexual abuse forensic examinations involving staff on offender are conducted at Wright Memorial Hospital 701 E 1<sup>st</sup> Trenton, Mo 64683. An interview with a SANE Nurse at CCC confirmed she and another SANE Nurse are assigned to conduct forensic examinations at CCC and are scheduled for on-call duty every other weekend. They are required to report within three hours of the reported allegation. The forensic examinations are provided at no cost to the victim. There were four sexual abuse allegations reported that resulted a forensic examination during the auditing cycle.

The OPS PREA Coordinator have attempted to obtain an agreement for a community victim advocate from a rape crisis center for CCC. The effort to obtain an agreement was documented by the OPS PREA Coordinator through emails and logs. However, an agreement has not been established. The Missouri Department of Corrections collaborated with the Missouri Coalition Against Domestic and Sexual Violence to create online advocacy training. This training is available for Volunteers in Corrections as well as community members who may be interested in providing advocacy services to victims of sexual violence within MDOC prisons. The facility is required to have at least one qualified staff member that has been trained as an advocate. CCC has five staff who have successfully completed the advocacy training and are used as advocates during PREA related incidents. The Chaplain serves as the lead. All staff and completed on-line titled "Advocacy with Survivors of Sexual Victimization for DOC" offered by The Missouri Coalition Against Domestic and Sexual Violence. The remaining four staff who serve as victim advocates received training from Missouri Coalition. Documentation of the completed training was provided through certifications and/or training roster. Immediately upon being notified of the circumstances surrounding the incident of sexual abuse, one of the victim advocates is notified by the Shift Commander. The victim advocate reports to the facility to accompany and support the victim through the forensic medical examination process and investigatory interviews and provide emotional support, crisis intervention, information and referrals as requested by the victim. Documentation of offering a victim advocate after the report of non-penetration sexual abuse was provided.

## **Standard 115.22: Policies to ensure referrals of allegations for investigations**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### 115.22 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? ☒ Yes ☐ No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? ☒ Yes ☐ No

#### 115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? ☒ Yes ☐ No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? ☒ Yes ☐ No
- Does the agency document all such referrals? ☒ Yes ☐ No

#### 115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).] ☐ Yes ☐ No. ☒ NA

#### 115.22 (d)

- Auditor is not required to audit this provision.

#### 115.22 (e)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.13 Offender Sexual Abuse and Harassment; CCC Coordinated Response to Offender Sexual Abuse; D1-8.4 Institutional Investigations; PREA Allegation Notification Checklist-Institution; D1-8.1 Investigation Unit Responsibilities and Actions Agency website; D1-8.4 Administrative Inquiries; Interview with OPS Investigator and Review of Investigative Files, CCC meets the mandate of this standard. All allegations of offender sexual abuse and/or harassment, including third party and anonymous reports are immediately forwarded to the Shift Commander to initiate the coordinated response as outlined in the offender sexual abuse and harassment procedure. MDOC Directives requires an administrative and/or criminal investigation is completed for all allegations of sexual abuse/harassment. Within two business days of receipt of a sexual abuse/sexual harassment, the OPS PREA Unit determines if the allegations meet PREA definitions or if additional information is needed.

The facility's investigator is responsible for conducting administrative investigations pertaining to non-criminal sexual harassment. The OPS PREA Unit is responsible for conducting PREA allegations to include those that may be criminal. The OPS Investigator explained all allegations are required to be referred and investigated as part of the employee standards. Upon receiving an allegation of sexual abuse, he begins the investigation as soon as possible. When an OPS Investigator conducting the investigation believes there is probable cause that a criminal act has been committed in an offender related case, The Chief Administrative Officer (CAO), will determine whether law enforcement should be contacted to complete the investigation. If law enforcement declines to investigate the incident, the trained OPS Investigator will complete the investigation and processing of the incident. If the investigation determines that a criminal act has occurred, the CAO shall refer the incident to the appropriate prosecutor's office for consideration. All referrals for such allegations will be documented in accordance with the coordinated response to offender sexual abuse located on the department's intranet website: <http://doc.mo.gov/programs/PREA>.

When outside agencies investigate sexual abuse, staff members will cooperate with outside investigators and will make an effort to remain informed about the progress of the investigation. A memorandum drafted by the OPS PREA Coordinator was forwarded to the various Sheriff Departments requesting the responsible parties follow PREA standards when conducting offender sexual abuse investigations. There were zero PREA allegations investigated by outside law enforcement agencies. All administrative and criminal investigations of sexual abuse or sexual harassment is entered into the COIN (Corrections Information Network) system within the MDOC. Administrative and criminal investigation reports will be retained for 90 years from the completion of the investigation and in accordance with the department procedure regarding records retention. Interviews with both the facility investigator and OPS Investigator confirmed this practice during the interview process.

During the past 12 months of the audit, there were 180 allegations of sexual abuse and/or sexual harassment referred to the OPS PREA Unit for investigation. Ninety-nine of these allegations resulted in an administrative investigation. Fifty-four of the allegations was referred for criminal investigation. Thirty-three PREA investigations remained pending during the audit process,

## TRAINING AND EDUCATION

## Standard 115.31: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? ☒ Yes ☐ No

### 115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility? ☒ Yes ☐ No
- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? ☒ Yes ☐ No



### 115.31 (c)

- Have all current employees who may have contact with inmates received such training?  
☒ Yes ☐ No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? ☒ Yes ☐ No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? ☒ Yes ☐ No

### 115.31 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with a review of D1-8.13, Offender Sexual Abuse and Harassment; MDOC Lesson Plan for Basic PREA Training; DOCOTA Online Training Lesson Plan "PREA Basic for All Staff Curriculum;" PREA Refresher Training Roster 2018; PREA Training Acknowledgement Forms for 2018; Documentation of Continuous PREA Training; Emails from the OPS PREA Coordinator; Various Department Section Meeting Minutes; Interviews with Random Staff and Specialized Staff, CCC meets the mandate of this standard. D1-8.13 Offender Sexual Abuse and Harassment, Section III (B) (4), page 8, covers training requirements for new staff, current staff, part-time employees, volunteers, contract staff members and vendors. There are 540 staff who have contact with offenders and were trained or retrained on the PREA requirements. All employees to receive initial PREA training during the department's basic training and refresher PREA training every two years through MDOC Intranet, DOCOTA Online Training PREA. Years, in which an employee does not receive training, the department's PREA coordinator provide current information on sexual abuse and sexual harassment policies. Both the Basic Training and the Refresher Training curriculum contained the 10 elements required in this standard.

Upon successful completion of the on-line PREA refresher training, staff receives a certificate of achievement. Additionally, training is provided to staff routinely through emails, web-based, and staff meetings. The PREA Site Coordinator was creative in the manner she elected to provide PREA educational training during the CORE training for 2019. Specifically, the education material was delivered in a game format that required active participation from the class. The game was titled "PREA



Feud.” Documentation of the department head supervisors discussing PREA during meetings were confirmed during the review of meeting minutes. Interviews with random and specialized staff each confirmed they were aware of their responsibilities to protect victims, respond to allegations made and refer reports for investigation to the OPS PREA Unit. Staff is provided with a pocket card identifying steps to follow during reported allegations pertaining to sexual abuse and sexual harassment by an offender and how to report these allegations. CCC provides training tailored to the gender of the female offenders (Working with a Female Offender) and includes training of conducting searches of transgender and intersex offenders. Confirmation of staff training was confirmed through computer-generated rosters.

Eleven staff transferred to CCC (female facility) from a correctional facility that house only male offenders. Documentation supported ten staff had completed the required training “Working with a Female Offender” through their training records. The remaining one staff member was scheduled to attend the training on July 23, 2019, after the submission of the final report.

## Standard 115.32: Volunteer and contractor training

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.32 (a)

- Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency’s sexual abuse and sexual harassment prevention, detection, and response policies and procedures? ☒ Yes ☐ No

#### 115.32 (b)

- Have all volunteers and contractors who have contact with inmates been notified of the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)? ☒ Yes ☐ No

#### 115.32 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** *(Requires Corrective Action)*

In accordance with the review of D1-8.13 Offenders Sexual Abuse and Sexual Harassment; Volunteers in Corrections Lesson Plan; Offender Work Release Procedures Training; PREA: What you need to know about the PREA Elimination Act Pamphlet; PREA Training Acknowledgment Forms signed by Contractors, Volunteers, Work Release Supervisors, and Interviews with Volunteers and Contractors, CCC meets the mandate of this standard. There are 55 Corizon Health Medical (43) and Mental Health Staff (12) assigned at CCC. There are 10 Gateway Foundation Inc Contract Substance Use and Abuse Treatment Staff. There are 93 Volunteers in Corrections (VIC) and 16 Re-Entry. CCC has a Memorandum of Understanding Missouri Department of Transportation, City of Chillicothe, Forest O. Triplett Memorial Animal Shelter, and the Town of Carrollton. These individuals and other volunteers receive the PREA Refresher Training for Volunteers in Corrections just as other volunteers. The PREA training provided includes the agency's policy and procedures regarding sexual abuse and sexual harassment prevention, detention, reporting, and response including zero tolerance. The level and type of training provided to the contractors and volunteers is based on the level of offender contact with them. Contractors and volunteers receive PREA training specific to their classification as determined by the appropriate Division Director and Chief of Staff Training. PREA training for both volunteers, contract staff and work release supervisors are an annual requirement. Medical and Mental Health staff confirmed they also receive annual PREA Refresher Training from Cozion Health in addition to with MDOC staff through an on-line course with DOCOTA. and contract staff were presented to the auditor as supporting documentation of compliance with this standard. Volunteers in Corrections (VIC) are permitted to supervise offender groups per Departmental Policy, D2-13.1 Volunteers. Community Resource and Reentry Partners are volunteers who provide support services to assist offenders in achieving success and are required to be escorted and supervised by staff while inside the facility per IS 18-6.2 Access to Facilities. Policy identify vendor are always escorted by a staff member or shall receive PREA training prior to entering the facility. All vendors are escorted by staff.

## Standard 115.33: Inmate education

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No

#### 115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? ☒ Yes ☐ No

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? ☒ Yes ☐ No

#### 115.33 (c)

- Have all inmates received such education? ☒ Yes ☐ No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility? ☒ Yes ☐ No

#### 115.33 (d)

- Does the agency provide inmate education in formats Accessible to all inmates including those who are limited English proficient? ☒ Yes ☐ No
- Does the agency provide inmate education in formats Accessible to all inmates including those who are deaf? ☒ Yes ☐ No
- Does the agency provide inmate education in formats Accessible to all inmates including those who are visually impaired? ☒ Yes ☐ No
- Does the agency provide inmate education in formats Accessible to all inmates including those who are otherwise disabled? ☒ Yes ☐ No
- Does the agency provide inmate education in formats Accessible to all inmates including those who have limited reading skills? ☒ Yes ☐ No

#### 115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions? ☒ Yes ☐ No

#### 115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with a review of D1-8.13 Sexual Abuse and Sexual Harassment; SOP5-1.2 Institution Receiving and Orientation; Interviews with Offenders; Offender Sexual Abuse Sexual Harassment Acknowledgement Forms, PREA Posters, Pamphlets; Video and Lesson Plan "PREA: What You Need to Know," Interviews with offenders and Intake Staff. CCC meets the mandate of this standard. CCC ensures all incoming offenders who arrive earlier during the week, receive a PREA brochures at intake within 15 minutes of their arrival. The PREA Video PREA "What You Need to Know" is shown during Orientation and offenders sign the MO 931-4506 (06-13) Offender Sexual Abuse and Harassment Acknowledgment form. The forms are signed by the offenders and dated after watching the video. Documented PREA training is maintained in the offender's file. PREA posters are posted in all housing units, program areas, visiting room, and food service in English and Spanish and are available in other languages as needed. The offender population are issued personal tablets that contain PREA information. This material is accessible to the offender population which provides a continuously and readily availability of PREA education resources.

Fifty-four interviews were conducted with the offender population. The offenders acknowledged receipt of PREA education upon their arrival and observing the PREA video in addition to their awareness of PREA information posted throughout the facility.

## Standard 115.34: Specialized training: Investigations

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### 115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

### 115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does this specialized training include proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

- Does this specialized training include sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

#### 115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

#### 115.34 (d)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.13 Offender Sexual Abuse and Harassment; MDOC Lesson Plan consisting of six Modules Special Investigator Training; Investigators' Training Rosters for PREA Specialized Investigator Training, Interviews with OPS Investigator and Facility Investigator, CCC meets the mandate of this standard. OPS Investigators are assigned to conduct sexual abuse allegations and/or sexual harassment within the MDOC. The MDOC OPS PREA Unit has 10 investigators assigned to conducted PREA investigations who have completed specialized training for conducting sexual abuse/harassment investigations in confinement settings. The seasoned OPS Investigators previously completed a 40-hour course that includes PREA Specialist Investigative Training at the Central Office in Jefferson City, MO. This training includes techniques for interviewing sexual abuse victims, proper use of the Miranda and Garrity warnings, sexual abuse evidence collection in confinement setting, criteria and evidence to substantiate a case for administrative action or prosecution referral. In 2017, the OPS PREA Unit began utilizing the National Institute of Correctional for training as the newly hired investigators' PREA Specialized Investigators Training. Confirmation of investigators' specialized training was confirmed through a computer-generated roster identified as completed PREA Specialized Investigator Training. Interviews with two investigators articulated the training completed during the interview process.

## Standard 115.35: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? ☒ Yes ☐ No

### 115.35 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.) ☒ Yes ☐ No ☐ NA

### 115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? ☒ Yes ☐ No

### 115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? ☒ Yes ☐ No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? ☒ Yes ☐ No

## Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.13 Offender Sexual Abuse and Harassment; PREA Specialized Training for Medical and Mental Health Training; Interviews with the Health Services Administrator, Infection Control Nurse; SANE Nurse and Chief of Mental Health, CCC meet the mandate of this standard. All staff who provide health care and/or mental health services, have participated in a specialized training titled PREA-Specialized Medical/Mental Health Professional Training. The course is a 2.0 hours credit course. Staff members received training on the following topics, to include trauma-informed care, detecting and assessing signs of sexual abuse and sexual harassment, preserving physical evidence, effective and professional response, reporting and the PREA standards and understanding sexual trauma in custody. The review of medical and mental health signatures and generated PREA training rosters identifying receipt and understanding of the PREA Specialize Training and PREA Training delivered to them. Medical and mental health are contracted through Corizon Health. Three medical staff on one mental health staff confirmed these employees receive the same PREA training as correctional officers and have a duty to report when they have knowledge of sexual abuse.

A certificate of completion of the Adult/Adolescent SANE Preparation and Refresher curriculum from the SANE-SART Online Clinical Learning Program with earnings of 40 hours confirmed required training for the SANE Nurse. An interview with a SANE Nurse indicated she and other SANE Nurses are assigned to conduct forensic examinations at the facility for offender on offender sexual abuse and they must report to the facility within 4 hours of the report. SANE Nurses are required to complete refresher SANE training every 5 years also PREA refresher training on-line through DOCOTA with MDOC staff. Any allegation of sexual abuse of staff on offender would be conducted at a local hospital.

## SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

### Standard 115.41: Screening for risk of victimization and abusiveness

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### 115.41 (a)

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No
- Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No



#### 115.41 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?  
☒ Yes ☐ No

#### 115.41 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?  
☒ Yes ☐ No

#### 115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?  
☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?  
☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? ☒ Yes ☐ No



- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? ☒ Yes ☐ No

#### 115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? ☒ Yes ☐ No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? ☒ Yes ☐ No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse? ☒ Yes ☐ No

#### 115.41 (f)

- Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? ☒ Yes ☐ No

#### 115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a: Referral? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to a: Request? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to a: Incident of sexual abuse? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to a: Receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness? ☒ Yes ☐ No

#### 115.41 (h)

- Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? ☒ Yes ☐ No

#### 115.41 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates? ☒ Yes ☐ No

## Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.13 Offender Sexual Abuse and Harassment; IS5-2.3 Offender Internal Classification; Excerpts from the Adult Internal Risk Assessment (AIRA) Manual; Completed AIRA Screening Forms, and Interviews with Intake/Staff who perform risk screening and the Offender Population, CCC exceeds the mandate of this standard. CCC received 1598 offenders at the facility during the past 12 months of the audit. There were 1590 offenders admitted during the past 12 months whose length of stay for 30 days or more. There were 1598 offenders admitted to the facility during the past 12 months whose length of stay was for 72-hour or more. There were 150 offenders at CCC who were admitted prior to August 20, 2012. Staff who conduct the initial intake screening 72 hour, also conduct the offender's reassessment 30 days after the female offenders' arrival. Reassessments are also conducted based upon any additional, relevant information received since intake or the 30-day reassessments. Weekly reminder notifications are forward to staff who perform screening for risk of victimization and abusiveness (Case Managers) for upcoming 30 day required reassessments. Staff utilize the MOSIC assessment module to conduct the assessments. Staff are advised to not conduct the 30-day assessment prior to 10 days of the 30-day period. The auditor reviewed documentation of 70 initial 72-hour assessments and 30-day reassessment. There was one (1) instance of the 70 reviewed 72-hour and 30-day assessment identified as delinquent without proper justification. Justification of missing a 30-day assessment would only apply when an offender has been placed on outcount from the facility such as having a temporary housing assignment at another correctional facility (outside MDOC custody for court) or the offender's admission to a local medical facility. In all cases, the assigned Case Manager is required to submit a memorandum to the Deputy Warden of Offender Management explaining why the 30 day reassessment was not completed timely, when it was completed and/or noting it will be completed upon the offenders' return to the facility. Sixty-nine of the 70 reviewed 72-hour assessment and 25-30 reassessments screenings were conducted in accordance to the agency's policy and PREA standard 115.41. The initial screening and reassessments are conducted in a private setting in the inmate's assigned housing unit by Case Managers who are assigned these duties. The offenders who are required to be placed in the segregation unit are screened by the Case Manager assigned to that unit. The screening instrument includes whether the offender has a mental, physical, or developmental disability, the age and physical build of the offender, previously incarceration history, whether the offender's criminal history is exclusively nonviolent, prior convictions for sex offenses, whether the offender is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming, past sexual victimization, self-perception of vulnerability and civil immigration status. Offenders that are identified as potential victims are referred for a mental health evaluation. The offender's completed risk of victimization or abusiveness is maintained in the AIRA. The offender's own view of safety is addressed during the interview process. Information obtained during the initial assessment and reassessment summary is placed in the offender's classification file. These files are accessible to identified authorized staff only that includes the Case Managers, Functional Unit Managers, Warden and Deputy Warden. Information obtained during the assessments determines how offenders are scored such as Alpha (high risk of abusiveness), Kappa (low risk of abusiveness or victimization) or Sigma (high risk of victimization). Offenders are not disciplined for refusing to answer or

for not disclosing complete information related to the screening questions. It was obvious that following agency policy and compliance with PREA standard 115.41 is amongst one of the top priorities at CCC.

## **Standard 115.42: Use of screening information**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.42 (a)**

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? ☒ Yes ☐ No

#### **115.42 (b)**

- Does the agency make individualized determinations about how to ensure the safety of each inmate? ☒ Yes ☐ No

#### **115.42 (c)**

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? ☒ Yes ☐ No
- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems? ☒ Yes ☐ No

#### 115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?  
☒ Yes ☐ No

#### 115.42 (e)

- Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? ☒ Yes ☐ No

#### 115.42 (f)

- Are transgender and intersex inmates given the opportunity to shower separately from other inmates? ☒ Yes ☐ No

#### 115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No.

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.13 Sexual Abuse and Sexual Harassment; IS18-1.1 Required Activities; IS5-2.3 Offender Internal Classification; Housing Assignment Checklists; Use of Adult Internal Risk Assessment Scores Guidance Memorandum by Deputy Warden of Offender Management; Reassessment of Offenders Prior to Release to General Population from 90 days Administrative Segregation; Guidance of Cell Assignment; IS5-3.1 Offender Housing Assignments Transgender Committee Protocol; Interviews with Warden, Deputy Warden of Offender Management, Staff who perform screening for risk of victimization and abusiveness, CCC meets the mandate of this CCC meets the mandate of this standard. CCC uses information from the risk assessment to make housing and bed assignments with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive. Based on information obtained during the assessment, offenders are scored as Alpha (high risk of abusiveness), Kappa (low risk of abusiveness or victimization) or Sigma (high risk of victimization). The information obtained is used by staff to make individualized determinations on how to ensure the safety of each offender. Offender housing assignments will be made in an individualized, nondiscriminatory manner and will not be made based on race, religion, nationality, political belief or sexual orientation. Offenders should be assigned to a room or bay area based on, but not limited to offender internal classification. Housing unit staff members utilize the internal classification information to designate required activities assignments for the purpose of keeping separate and/or ensuring the appropriate monitoring of those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive when working or attending programming together in accordance with institutional services procedures regarding offender internal classification. If an offender is placed in the administrative segregation for a period of 90 days or longer, an Adult Internal Risk Assessment is completed prior to their release to the general population.

Alpha and Sigma are not housed in the same housing unit. Upon the offenders' arrival at CCC, all offenders are assessed for risk of sexual victimization and potential for sexual perpetration. Offenders are assigned a score of either Alpha, Kappa, or Sigma. Alpha offenders have a high potential for sexual perpetration. Kappa offenders have no risk for either victimization or perpetration. Sigma offenders have a high risk for sexual victimization. Offenders identified as Alpha and Sigma are never assigned to the same housing unit.

A memorandum from the Deputy Warden of Offender Management to all classification staff identifying the Use of Adult Internal Risk Assessment Scores. A report of offenders who have received a violation for forcible sexual misconduct is accessed weekly. The housing assignment of the offenders celled in the same room with the offender receiving the sanction will be checked to ensure none of the offenders assigned are Sigmas. With regard to programming, all mandatory programs are under direct supervision of CCC Classification staff. Classification staff members are responsible for being aware of the Adult Internal Risk Assessment scores and supervise the classes accordingly. An offender who score as Alphas and Sigmas are not to be left together without direct supervision to include during voluntary programs such as Restorative Justice and Organizational meetings. Those staff who may be considered as a worksite supervisor are responsible for supervising and monitoring their clerks, porter, and other offenders assigned to their area for risk of victimization/perpetration. Offender workers are not to be left unsupervised by staff.

In an effort to prevent victimization of weaker offender by the stronger Alpha offenders, the facility maintains a list of all Alpha offenders (Alpha Work Roster") on the I-Drive in the Classification folder. Each work site supervisor who supervises offenders' workers has access to the list through the computer. It is the responsibility of each section head to utilize this list daily for offenders that work in

their area. Staff who supervise the offenders utilize the list to identify the Alpha offenders and are vigilant when supervising the work crews, it lists their names, numbers, and their job assignment. If any offender workers are on this list, the direct line supervisors must be notified to ensure the offenders are not assigned tasks or can work in isolated areas with other offenders not on the list. Staff's utilization of the list is also to ensure the work site supervisors do not leave Alpha offenders unsupervised with other offenders in the area.

Five offenders identified as transgender were housed at CCC. Housing is considered on a case-by-case basis, placement considers the offenders health and safety, and whether the placement would present management or security problems. Interviews with staff confirmed a transgender or intersex offender's own view with respect to his or her own safety would be given consideration.

The auditors reviewed Transgender Committee meeting minutes for each of the five transgenders, Interviews with three offenders identified as transgender, confirmed staff conduct additional detailed assessments twice a year. The offenders' own view of the vulnerability within the general population, whether the offender require special accommodations for showering, historical overview of the offender's transgender or intersex status, adult internal risk assessment review and a review of institutional adjustment. List of any PREA allegations and investigations, review of programming assignments, health care treatment status, special accommodations or request made by the offender are noted in addition to security concerns raised by the offender or staff members, and recommendations made by the Transgender Committee are noted in the meeting minutes. Individual showers are available for all offenders. A large curtain is installed just outside the shower areas that provides an addition barrier prior to the offender population entering individual shower stalls with doors as a second privacy barrier. Offenders identified as transgenders are given the opportunity to shower separately from other offenders upon request. CCC does not place lesbian, gay, bisexual, transgender, or intersex offenders in a dedicated unit based solely on identification or status. There were zero offenders identified as intersex designated at CCC during the audit review period.

## **Standard 115.43: Protective Custody**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.43 (a)**

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? ☒ Yes ☐ No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? ☒ Yes ☐ No

#### **115.43 (b)**

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have Access to: Programs to the extent possible? ☒ Yes ☐ No

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have Access to: Privileges to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have Access to: Education to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have Access to: Work opportunities to the extent possible? ☒ Yes ☐ No
- If the facility restricts Access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? ☒ Yes ☐ No
- If the facility restricts Access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? ☒ Yes ☐ No
- If the facility restricts Access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? ☒ Yes ☐ No

#### 115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? ☒ Yes ☐ No
- Does such an assignment not ordinarily exceed a period of 30 days? ☒ Yes ☐ No

#### 115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety? ☒ Yes ☐ No
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? ☒ Yes ☐ No

#### 115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)



☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.13 Offender Sexual Abuse and Harassment; Involuntary Segregated Housing for Protective Custody; Interviews with Warden and Staff Assigned to Supervise Segregated Housing, CCC meets the mandate of this standard. The agency and CCC has policies and procedures in place that ensure offenders at high risk for sexual victimization are not placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. If an offender would be placed in involuntary segregation housing, the offender would have a review conducted by the Shift Commander, Warden and Classification Committee. Alleged victims of offender sexual abuse or offenders viewed as being at risk of victimization shall not be assigned to administrative segregation protective custody for no longer than a 30- day period. Interviewed staff indicated that if it became necessary to utilize restricted housing for this purpose, the offender would have access to programs, privileges, education, and work opportunities to the extent possible as general population and any restrictions would be document the basis for the facility's concern for the offender's safety and the reason why no alternative means of separation be arranged. Per an interview with the Warden, he confirmed an offender's placement in involuntary segregated housing due a high risk for sexual victimization would only be used until other alternatives could be arranged, and no longer than two weeks. Zero offenders were reported as being as placed in involuntary segregated housing at CCC.

## REPORTING

### Standard 115.51: Inmate reporting

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### 115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? ☒ Yes ☐ No

#### 115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No

- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
- Does that private entity or office allow the inmate to remain anonymous upon request? ☒ Yes ☐ No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? ☒ Yes ☐ No

#### 115.51 (c)

- Does staff Accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? ☒ Yes ☐ No
- Does staff promptly document any verbal reports of sexual abuse and sexual harassment? ☒ Yes ☐ No

#### 115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.13 Sexual Abuse and Harassment; PREA Posters and Brochure; CCC Coordinated Response Plan; MOU with Department of Public Safety and the PREA Hotline information, D1-8.9 Crime Tips and PREA Hotlines; Agency's website; Third Party Reporting Investigative Reports; MDOC Employee Handbook; Interviews with Staff, and Offenders, CCC meets the mandate of this standard. A variety of procedures have been established both internally and externally that allows the offenders to report sexual abuse and harassment. Offenders receive a copy of the Offender Handbook/Offender Rules during the intake process which advises them they may contact any staff member either verbally or in writing whether the alleged incident involved the reporting offender or not, call the Department's Confidential PREA Hotline, pressing "8" or dialing (573) 526-PREA (7732), write to the Missouri Department of Public Safety, Crime Victims Services Unit @ P.O. Box 49, Jefferson City, MO 65102. Confirmation of the offenders' access to the PREA Hotline was obtained during testing of the offenders' telephone system. Reports to the Missouri Department of Public Safety, Crimes Victims' Unit may be made confidentially and remain anonymous upon request. Offenders may also report allegations to third parties who in turn would contact the MDOC concerning

the allegations. All allegations, including anonymous allegations, are investigated. Documentation of third-party reports of PREA allegations and investigations were reviewed. Agency policy requires staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties. CCC does not house offenders solely for civil immigration offenses.

Staff identified several avenues in which the offenders could privately report sexual abuse/harassment that included the tips hotline, speak directly to any staff member, report to OPS Investigative staff, and/or have a family member or friend call the facility and report for them. Staff confirmed that would document all verbal reports of sexual abuse/harassment prior to departing from their shift.

Fifty-four offenders were formally interviewed, all indicated they were familiar with ways to report sexual abuse or harassment allegations. Offenders indicated at least two or more of the following methods of reporting: report to staff, file a grievance, have a family member or friend report for them, write the Missouri Department of Public Safety and/or anonymously. An interview with the OPS Investigator confirmed all allegations reported to include anonymous and third party are investigated in accordance to MDOC policy and the PREA standards. An available method to reporting sexual abuse/harassment allegations for offenders is available to the public through the Agency's website at <http://doc.mo.gov/OD/PREA.php>.

## **Standard 115.52: Exhaustion of administrative remedies**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.52 (a)**

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.  
☐ Yes ☒ No ☐ NA

#### **115.52 (b)**

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

#### **115.52 (c)**

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

#### 115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

#### 115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

#### 115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a Substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance alleging an inmate is subject to a Substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the Substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in Substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

#### 115.52 (g)

- If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.13 Offender Sexual Abuse and Harassment; D5-3.2 Offender Grievance; D5-3.2 Offender Grievance; Interviews with offender population and Grievance Officer, CCC meets the mandate of this standard. Offenders are informed of the grievance process during orientation. Offenders do not have a time limit imposed for submitting a grievance related to an allegation of sexual abuse. Offenders will not submit a complaint to a staff member who is the subject of the complaint. Agency policies and procedures require a decision on the merit of any grievance or portion of a grievance alleging sexual abuse to be made with 90 days of filing the grievance. Staffs are required to notify the offender in writing when the agency files for an extension, including notice of the date by which a decision will be made. MDOC authorizes assistance for filing these grievances by third parties, to include other offenders, family members, friends, attorneys, and outside advocates. The agency policies also address the offender's opportunity to file an emergency grievance alleging they are a subject to a substantial risk of imminent sexual abuse. Under these circumstances, the agency is

required to issue a response to the offender within 48 hours upon receipt of the grievance and a final decision must be issued within 5 days.

An interview was conducted with the Grievance Officer. One grievance was filed by an offender regarding an allegation of sexual abuse allegation. Upon receipt of a grievance, a copy was forwarded to the shift commander and the offender sexual abuse coordinated response was initiated. The investigative response exceeded 30 days due to the offender placement on suicide watch.

## **Standard 115.53: Inmate Access to outside confidential support services**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.53 (a)**

- Does the facility provide inmates with Access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrants services agencies? ☒ Yes ☐ No
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

#### **115.53 (b)**

- Does the facility inform inmates, prior to giving them Access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in Accordance with mandatory reporting laws? ☒ Yes ☐ No

#### **115.53 (c)**

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse? ☒ Yes ☐ No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☒ Yes ☐ No

### **Auditor Overall Compliance Determination**

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review D1.8.13 Offender Sexual Abuse and Harassment, PREA Brochures; Offender Anonymous Report Guideline; List of Available National Sexual Abuse Agencies; Interviews with the PREA Site Coordinator, OPS PREA Coordinator, CCC meets the mandate of this standard. Offenders are provided with addresses and phone numbers to national sexual abuse agencies at the Just Detention International 3325 Wilshire Blvd., Suite 340 Los Angeles, CA.90010 (800) 223-5001, and Rape, Abuse and Incest National Network (RAINN) 1220 L Street NW, Suite 505 Washington DC.20005 (800) 656-HOPE (4673). Letters to the addresses are confidential and not subject to examination by staff. This information is posted throughout the facility accessible to the offender and staff population in both English and Spanish. The offender population were aware of the information posted throughout the facility but stated they had not utilized the services and was unaware of the services. The flyers note "Per department policy, mail will be subject to examination and phone calls may be monitored."

## Standard 115.54: Third-party reporting

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)



In accordance with a review of D1-8.13 Sexual Abuse and Harassment; third party reporting posters and the MDOC PREA Policy Web Page (<http://www.doc.mo.gov/OD/PREA/PREA.php.html>) were reviewed and meets the mandate of this standard. The PREA link on the website provides information on third party reporting of alleged PREA incidents. The information on the web site encourages third parties to report allegations to call 573-526-9003; write PREA Unit Missouri Department of Corrections 2728 Plaza Drive Jefferson City, MO 65109 and/or Emailing DOC.PREA@doc.mo.gov. This information is included in the PREA brochures which are provided to each offender. Interviews with random staff and random offenders confirmed allegations of sexual abuse and/or sexual harassment of offenders could be reported by third party to include family, friends and other associates.

## OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

### Standard 115.61: Staff and agency reporting duties

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### 115.61 (a)

- Does the agency require all staff to report immediately and According to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and According to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and According to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?  
☒ Yes ☐ No

#### 115.61 (b)

- Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? ☒ Yes ☐ No

#### 115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? ☒ Yes ☐ No

#### 115.61 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? ☒ Yes ☐ No

#### 115.61 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third party and anonymous reports, to the facility's designated investigators? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.13 Offender Sexual Abuse and Harassment; Third Party, Verbal and Anonymously Reported PREA Allegations; IS11-32 Receiving Screening-Intake Center; Missouri Revised Statutes Chapter 217 Department of Corrections Section 217.410; Missouri Revised Statutes Chapter 630 Department of Mental Health Section 630.005, and Interviews staff from the various department to include contract and volunteers, CCC meets the mandate of this standard. In accordance with policy, interviews with random and specialized staff, all were aware of their responsibility to immediately report and document any knowledge or suspicion of violation of this standard to include those by third party and/or anonymous to their immediate supervisor, Shift Commander or higher-ranking staff. All staff, volunteers, and contractors are to immediately report any knowledge, suspicion, or information regarding an incident of sexual of sexual abuse/harassment that occurred and any knowledge of retaliation against offenders or staff who reported such an incident and any staff member's neglect or violation of responsibilities that may have contributed to an incident or retaliation in reference to cooperating with the investigation. Copies of reported PREA allegations that was reported directly from staff, anonymously and from third parties were reviewed by the auditors. Those staff interviewed, indicated they would report all knowledge of PREA allegations on any and all staff without consideration of another's supervisory position or relationship with a co-worker.

Staff were knowledgeable of the agency's policy that prohibits them from discussing information related to sexual abuse reports with anyone other than those to the extent necessary such as those who perform medical and mental health treatment, conduct investigations, and other security and management decisions.

Policy is in place to ensure unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners are required to report sexual abuse pursuant to the first paragraph of this section and to inform offenders of the practitioner's duty to report and the limitations of confidentiality at the initiation of services. Interviews with the Chief Mental Health Administrator, SANE Nurse, and Director of Nurses, each advise the offender at the initiation of services in their limitations of confidentiality and their duty to

report. Staff reported they are required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to a designated supervisor or official immediately upon learning of it. CCC does not house offenders under the age of 18 or those considered a vulnerable adult under a State or local vulnerable persons statute,

## Standard 115.62: Agency protection duties

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### 115.62 (a)

- When the agency learns that an inmate is subject to a Substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

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In accordance with the review of D1-8.13 Offender Sexual Abuse and Harassment; Directive Segregated Housing for Protective Custody, and Interview with the Warden, CCC meets the mandate of this standard. The agency has policies and procedures in place in where staff are trained to ensure upon their awareness an offender is subject to a substantial risk of imminent sexual abuse, immediate actions are taken to protect the offender. The auditors presented random staff with a variety of scenarios for a response to their actions upon becoming aware an offender is subject to a substantial risk of imminent sexual abuse. Each staff member interviewed confirmed they would immediately remove the offender from the area of threat and notify their security supervisor and await further guidance. Staff confirmed under no circumstances would they not take immediate actions of removing the offender under such conditions. Per the Warden, a safe environment would immediately be determined for the offender from any area of threat. Each incident would be evaluated on a case by case basis depending on the circumstances. An identified possible abuser would be secured in administrative segregation and in instances of sexual harassment alternate housing would be utilized. Necessary measures would be taken to provide protection for the offender. CCC has had no instances of placing offenders in segregated housing due to imminent risk of sexual abuse.

## Standard 115.63: Reporting to other confinement facilities

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### 115.63 (a)

- Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? ☒ Yes ☐ No

#### 115.63 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? ☒ Yes ☐ No

#### 115.63 (c)

- Does the agency document that it has provided such notification? ☒ Yes ☐ No

#### 115.63 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in Accordance with these standards? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.13 Offender Sexual Abuse and Harassment; Example of Reported Allegation Received and Interviews with Warden, OPS PREA Coordinator and PREA Site Coordinator, CCC meets the mandate of this standard. When receiving an allegation that an offender alleges occurred at another Missouri Department of Corrections facility, CCC initiates a coordinated response for offender sexual abuse. All relevant information is then immediately forwarded to the site coordinator of the facility where the abuse was alleged to have occurred and the OPS PREA Unit for investigation within 72 hours. If the abuse is alleged to have occurred at a facility outside of the Missouri Department of Corrections, a coordinated response is initiated and forwarded to the PREA coordinator within 72 hours and OPS PREA Unit for investigation. CCC provided documentation of an offender reporting a PREA allegation within an agency outside the MDOC. Details of the allegations were documented and reported to identified facility and the OPS PREA Unit. The case was identified by the outside agency as pending investigation upon notification. Complete notifications were made within a two-day period. The facility received notification of a previous alleged sexual abuse non-perpetration having occurred in 2015/2016 at another MDOC facility. Documentation supports the allegation was noted by the Warden, referred and acknowledged by the OPS PREA Coordinator for investigation 1 ½ hours of the reported allegation to MDOC staff.

## Standard 115.64: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser? ☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? ☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

### 115.64 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.13 Sexual Abuse and Harassment; Prison Rape Elimination Act (PREA) - MDOC Basic Training Section of First Responder; Copies of PREA Allegation Notification Checklist- Institution; CCC Coordinated Response Protocol; Interviews with Supervisory Staff, Random Staff, Warden, and PREA Site Coordinator, CCC meets the mandate of this standard. Policies are in place to ensure upon learning of an allegation that an offender was sexually abused, the first staff

member to respond to the report shall be required to: 1) separate the alleged victim and abuser; 2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; 3) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any action that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and 4) If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating defecating, smoking, drinking or eating. There were 4 reported incidents of sexual abuse allegations in which staff were notified within a time period that still allowed for the collection of physical evidence.

In the past 12 months there were 99 allegations of sexual abuse reported at CCC that included allegations of 60 offender on offender and 33 staff on offender. Two staff were interviewed who served as a first responder. Upon the observation of a violation of the agency's zero tolerance of sexual abuse, one of the security staff requested the alleged victim not to take any actions that could destroy physical evidence. A non-security staff member responded to a reported allegation involving touching that required separation. Both security staff and non-security are trained to serve as first responders to allegations of sexual abuse. Security staff and non-security staff interviewed confirmed their understanding of the agency's Coordinated Response Protocol and their understanding in acting as a first responder. The auditors introduced different scenarios to staff during the interview process that allowed staff to respond to different events in which they would serve as a first responder. All staff to include security and non-security articulated the response protocol duties as noted in policy while notifying the Shift Commander and/or their immediate supervisor. Security staff and non-security staff are issued PREA cards to utilize as a reference when serving as a first responder. Staff maintained possession of these cards and presented them to the auditors during the interview process.

## Standard 115.65: Coordinated response

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.65 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with a review of PREA Allegation Notification Checklist – Institution; Coordinated Response for CCC; D1-8.13 Sexual Abuse and Sexual Harassment; Interviews with Random and Specialized Staff, Warden, PREA Site Coordinator, OPS PREA Coordinator, CCC meets the mandate of this standard. The CCC Coordinated Response Plan coordinates the actions taken in response to an incident of sexual abuse among first responders, security, facility leadership, and victim advocate. Staff first responders, medical and mental health practitioners, investigators, and facility leadership have designated roles. The Protocol list provides guidance for the reporting of various allegations that include: Definitions; Basic Roles & Responsibilities; Penetration/ Sexual assault Exam; Penetration/ No Sexual assault Exam; Non-penetration Events; Penetration Events; Sexual Harassment; Exceptions and Resources.

## **Standard 115.66: Preservation of ability to protect inmates from contact with abusers**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.66 (a)**

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? ☒ Yes ☐ No

### **115.66 (b)**

- Auditor is not required to audit this provision.

### **Auditor Overall Compliance Determination**

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D2-11.6 Labor Organizations; Final Agreement between The State of Missouri Office of Administration, The Department of Corrections Division of Adult Institutions, and Missouri Correctional Officer Association (MOCO), and Interviews with the Warden, Director of Adult Correctional Institutions, OPS PREA Coordinator, PREA Site Coordinator, CCC meets the mandate of this standard. MDOC currently does not have a Union. MDOC will not enter into or renew any collective bargaining agreements or other agreements that limit the department's ability to remove alleged staff sexual abusers from contact with any offender or offender pending the outcome of an investigation or of



a determination of whether and to what extent discipline is warranted. The facility can remove alleged staff sexual abusers from contact with any offenders or place an employee on administrative leave pending the outcome of an investigation and is compliant with this standard. Documentation confirmed staff who are pending a PREA allegation of sexual abuse are assigned to no offender contact post throughout the investigation.

## **Standard 115.67: Agency protection against retaliation**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.67 (a)**

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? ☒ Yes ☐ No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

#### **115.67 (b)**

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? ☒ Yes ☐ No

#### **115.67 (c)**

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? ☒ Yes ☐ No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

#### 115.67 (d)

- In the case of inmates, does such monitoring also include periodic status checks? ☒ Yes ☐ No

#### 115.67 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation? ☒ Yes ☐ No

#### 115.67 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.13 Offender Sexual Abuse and Harassment, Assessment/Retaliation Status Checklist, Interviews with Director of Adult Institutions, Staff Assigned to Monitor Retaliation, and Warden, CCC meets the mandate of this standard. The Functional Unit

Managers are assigned to conduct retaliation monitoring for offenders who are assigned to their respective housing unit. The PREA Site Coordinator is assigned to conduct staff retaliation monitoring. Interviews with staff assigned to monitor retaliation confirmed the initiation of monitoring begins after the allegation has been reported. After the initial contact, emotionally support services and monitoring is continued 30 days from the initial contact, followed by 60 days and 90 days. A multiple of protection measures are made following any retaliation claims that includes gathering evidence to confirm or rebuke the claims. If deemed necessary, staff will be temporarily reassigned, or the offender will be moved to another housing location. Offenders are monitored for housing changes, program changes, disciplinary reports, and negative performance reviews by staff, treatment of offenders who reported the sexual abuse to see if there are changes that may suggest retaliation by offenders or staff. If the victim expresses fear of retaliation, monitoring will continue for an additional 90-day period or until the victim or reporter is no longer in fear of retaliation or if the investigation or inquiry is unfounded.

The auditors confirmed retaliation monitoring was completed during the review of substantiated, unsubstantiated, and unfounded case files. Retaliation monitoring was properly documented by the assigned Retaliation Monitors and monitored offender at 30 intervals for 90 days. There were zero instances in where retaliation monitoring was required to exceed beyond 90 days due to reports of retaliation. Staff documented meeting dates with staff and offenders and conversations held while addressing any concerns they may have on the Assessment/Retaliation Status Checklist.

## **Standard 115.68: Post-allegation protective custody**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.68 (a)**

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? ☒ Yes ☐ No

### **Auditor Overall Compliance Determination**

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.13 Offender Sexual Abuse and Harassment; Directive Segregated Housing for Protection; Protocol, Interviews with Staff assigned to Supervise Segregated Housing, and Warden, CCC meets the mandate of this standard. The agency has policies and procedures in place that offenders at high risk for sexual victimization are not placed in involuntary segregated housing unless an assessment of all available alternatives is available. If an offender would be placed in involuntary segregation housing, the offender would have a review conducted by the Shift Commander, Warden and Classification Committee. Alleged victims of sexual abuse or offenders

viewed as being at risk of victimization should not be assigned to administrative segregation protective custody for no longer than a 30-day period. Per an interview with the Warden, segregated housing has not been utilized to protect an offender who have alleged to suffered sexual abuse subject to the requirements of 115.43 in the past 12 months of the audit due to other available housing.

## INVESTIGATIONS

### Standard 115.71: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

#### 115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? ☒ Yes ☐ No

#### 115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☒ Yes ☐ No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?  
☒ Yes ☐ No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ☒ Yes ☐ No

#### 115.71 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? ☒ Yes ☐ No

#### 115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? ☒ Yes ☐ No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? ☒ Yes ☐ No

#### 115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? ☒ Yes ☐ No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? ☒ Yes ☐ No

#### 115.71 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? ☒ Yes ☐ No

#### 115.71 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? ☒ Yes ☐ No

#### 115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? ☒ Yes ☐ No

#### 115.71 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? ☒ Yes ☐ No

#### 115.71 (k)

- Auditor is not required to audit this provision.

#### 115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if

an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with a review of Directive D1-8.1 Office of Professional Standards; OPS Investigative Staff Training Records, Reported Allegation of Sexual Abuse; Review of Investigative Files, Agency Record Retention Schedule; Interviews with Director of Adult Institutions, OPS PREA Coordinator, OPS Investigator, and Warden, CCC meets the mandate of this standard. A computer-generated roster documented completed specialized training of all OPS Investigators who are authorized to conduct administrative and criminal investigations of sexual abuse and sexual abuse within MDOC. The auditors reviewed 36 completed investigative files that included a variety of substantiated, unsubstantiated, and unfounded findings. An interview with the OPS Investigator and review of the investigative files confirmed the collection of evidence to support the finding of each investigation. The investigations were thorough and the investigative files contained interviews with alleged victims, suspected perpetrators, and witnesses, any available physical evidence, video monitoring, pictures, background of both the alleged victim and alleged perpetrator, whether staff actions or failure to act contributed to the abuse, review of prior complaints of sexual abuse involving the suspected perpetrator. The credibility of an alleged victim, suspect, or witness is assessed on an individual basis and not determined by the person's status as an offender or staff. Offenders who allege sexual abuse are not required to submit to a polygraph examination or other truth telling device as a condition for proceeding with the investigation of such an allegation. Additionally, the departure of the alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation. During the investigations involving staff on offender, one staff retired, and another resigned prior to the completion of the investigation. The two cases remained pending throughout the auditing process. Zero staff were referred for prosecution due to conduct that appeared to be criminal. All investigative files are retained for 90 years.

### Standard 115.72: Evidentiary standard for administrative investigations

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report 115.72 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? ☒ Yes ☐ No

## Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with D1-8.13 Offender Sexual Abuse and Harassment, and interview with the OPS Investigator, the agency imposes no standard higher than a preponderance of the evidence whether allegations of sexual abuse or sexual harassment are substantiated. CCC meets the mandate of this standard

## Standard 115.73: Reporting to inmates

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.73 (a)

- Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? ☒ Yes ☐ No

#### 115.73 (b)

- If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) ☐ Yes ☐ No ☒ NA

#### 115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer posted within the inmate's unit? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer employed at the facility? ☒ Yes ☐ No



- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

#### 115.73 (d)

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No
- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

#### 115.73 (e)

- Does the agency document all such notifications or attempted notifications? ☒ Yes ☐ No

#### 115.73 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review MDOC Policy D1-8.13; Review of Completed Investigation Files; PREA Alleged Sexual Abuse by Staff Member Notifications; PREA Alleged Sexual Abuse by Offender Notifications; and Interviews with Warden, OPS Investigator, PREA Site Coordinator, OPS PREA

Coordinator, CCC meet the requirements of this standard. Procedures are in place to notify the offender and/or staff upon closure of the investigation the determined findings of substantiated, unsubstantiated, or unfounded sexual abuse investigations. The OPS Investigator (PREA Unit) provides notification to each MDOC facility of their investigative findings. The PREA Unit is tasked with drafting the offender/staff notification letters within 30 days from the date an investigation is closed. The notification letter is forwarded to the PREA Site Coordinator at the facility where the offender/staff is assigned. The PREA Site Coordinator/designee meets with the offender/staff, request they sign the notification and offers a copy to them. The PREA Site Coordinator then returns the signed notification to the PREA Unit to be maintained within the official investigative file.

The Functional Unit Managers are assigned to deliver the notification to staff and offenders. All notifications are in writing, documented and signed by the offender and/or staff receiving the finding notification and the staff member issuing the findings. There were 93 allegations of sexual abuse reported. Twenty-eight sexual abuse cases remained pending. Thirty-six case files were selected for review. Confirmation of findings were issued and documented by signature of the offender and issuing staff. In cases where the offender was released prior to the completion of the investigation, staff noted it on the notification form in addition to staff's signature. Offenders are not discipline for refusing to sign. In the event an investigation is conducted by an outside agency, the OPS PREA Unit will request relevant information from the outside agency in order to inform the offender of the outcome of the investigation. However, there were zero investigations completed by an outside agency.

## **Standard 115.76: Disciplinary sanctions for staff**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.76 (a)**

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? ☒ Yes ☐ No

#### **115.76 (b)**

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? ☒ Yes ☐ No

#### **115.76 (c)**

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? ☒ Yes ☐ No

#### **115.76 (d)**

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.13 Offender Sexual Abuse and Harassment; D2-11.10 Staff Member Conduct: DORS PREA Log for Staff and Contract Staff; Review of Completed Investigative Files, Interviews with Warden, OPS PREA Coordinator, PREA Site Coordinator, CCC meets the mandate of this standard. Policy address disciplinary sanctions of employees up to removal for PREA related issues. Staff members are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse/harassment procedures. Termination from the agency will be the presumptive disciplinary action for staff members who have engaged in sexual abuse. All termination for violations or the resignation of a staff member, who would have been terminated if not for their resignation, will be reported to relevant licensing or accreditation bodies and law enforcement. Per Warden, staff would be placed on no contact with offenders until cleared by the OPS Investigators. Staff interviews revealed an awareness of the agency's zero tolerance policy and disciplinary procedures that pertains to sexual abuse and sexual harassment. One staff resigned and another retired during the investigation process of reported violations of the agency's PREA policy. These two investigative cases remained pending during the audit review. One staff from the facility was discipline and placed on unpaid administrative leave due to a violation of the code of conduct. There were zero staff reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies.

## Standard 115.77: Corrective action for contractors and volunteers

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### 115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? ☒ Yes ☐ No

- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? ☒ Yes ☐ No

### 115.77 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.13 Offender Sexual Abuse and Harassment and D2-13.1 Volunteers, Interviews with Contract Staff, Volunteers, and Warden, CCC meets the mandate of this standard. MDOC has a zero-tolerance involving sexual abuse and sexual harassment of offenders by contractors and volunteers. The policies outline criminal actions taken in the event a volunteer or contractor sexual abuses or participates in sexual harassment. These policies also require that contractors or volunteers who commit the prohibited act of engaging in sexual abuse are reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Per the Warden, in regard to sexual abuse allegations made against a VIC, visitation would be suspended and placed on no offender contact until a determination of findings through the OPS Investigator. Regarding contract staff, it would depend on the allegation reported and could result in no offender contact. All investigative finding of Substantiated would result in the termination of services and those applicable would be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Interviews were conducted with one (1) volunteer and four (4) contractors, and all were aware of the policies as outlined. CCC reported there were zero incidents reported of volunteers and/or contractors engaging in sexual abuse of an offender in the past 12 months of the audit.

### Standard 115.78: Disciplinary sanctions for inmates

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.78 (a)**

- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process? ☒ Yes ☐ No

**115.78 (b)**

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories? ☒ Yes ☐ No

**115.78 (c)**

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior? ☒ Yes ☐ No

**115.78 (d)**

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of Access to programming and other benefits? ☒ Yes ☐ No

**115.78 (e)**

- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact? ☒ Yes ☐ No

**115.78 (f)**

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? ☒ Yes ☐ No

**115.78 (g)**

- Does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.) ☒ Yes ☐ No ☐ NA

**Auditor Overall Compliance Determination**

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with a review of D1-8.13 Offender Sexual Abuse and Harassment; Directive – Disciplinary Sanctions and Mental Health; IS19-1.1 Conduct Rules & Sanctions; Disciplinary Sanctions: Examples of Mental Health Input; Memorandum from Director of Adult Correctional Institutions; Memorandums of Facts. CCC meets the mandate of this standard. Policy outline disciplinary sanctions that may be imposed on offenders who engage in sexual abuse and sexual harassment. Offenders are subject to discipline internally for offender on offender sexual abuse. Offenders are only disciplined for sexual relations with staff in cases where it is determined to be without consent from staff. All acts of sexual activities between offenders are prohibited and offenders determined to have committed this act will receive discipline, but only under the findings that the act was not coerced by staff or other offenders. Disabilities and mental illness factors contributing to the acts of an offender's participation in sexual activities will be considered during the discipline process. An offender reporting an allegation of sexual abuse in good faith, in which the finding was determined not to be substantiated, will not receive discipline for making the report. If an offender is found to be guilty of sexual abuse, the offender will be referred to appropriate treatment (therapy, counseling) by mental health staff members, as available, in accordance with divisional and institutional services procedures regarding conduct violations and disciplinary sanctions. This procedure was confirmed during an interview with the Chief of Mental Health. A review of completed PREA reported investigative files documenting offender's violation of sexual harassment, sexual abuse/misconduct, forcible sexual misconduct, and giving false information, specifically filing a PREA allegation in bad faith confirmed offenders are discipline for violation of the agency's PREA policy. There were 93 sexual abuse allegations reported during the past 12 months of the audit. Forty-six sexual abuse reported allegations were determined as unfounded. Documentation of mental health input was confirmed. CCC has had no incidents where an offender was issued a conduct violation for sexual contact with staff after a finding that the staff member did not consent to such contact.

## MEDICAL AND MENTAL CARE

### Standard 115.81: Medical and mental health screenings; history of sexual abuse

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### 115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)  
☒ Yes ☐ No ☐ NA

#### 115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) ☒ Yes ☐ No ☐ NA

#### 115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? ☒ Yes ☐ No

#### 115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?  
☒ Yes ☐ No

#### 115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of MDOC PREA Risk Assessment Manual; Mental Health Referrals; Informed Consent for Mental Health Treatment Services; D1-8.13 Offender Sexual Abuse and Harassment; IS11-32 Receiving Screening- Intake Center, CCC meet the requirement of this standard.



SOP DI-8.13 Offender Sexual Abuse and Harassment, page 10, Section III (C) (5) states, If the screening indicates that an offender has experienced prior sexual victimization, whether it occurred in a correctional setting or in the community, staff members shall ensure that the offender is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. If the screening indicates that an offender has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff members shall ensure that the offender is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. Medical staff is duty 24 hours. Per an interview with Chief of Mental Health, victims who alleged penetration are seen within 24 hours. However, in instances of penetration with insertion, mental health staff reports to the facility within 2 hours. Allegations that does not include penetration, the alleged victim is seen within 5 days. This time period includes whether the offender reported prior sexual victimization having occurred in an institution setting or in the community. In Review of the PREA data logs which documents the date offender was referred to mental health staff, date of assessment and type of assessment and completed assessments by mental health confirmed follow-up periods. Offender victims of sexual abuse receive timely unimpeded access to emergency medical treatment and mental health practitioners according to their profession judgement. Medical and mental health practitioners confirmed they are mandated to report and advise the offender at each initiation of service. The offender completes a consent form each time at the initiation of services. If the offender refuses to sign, medical and mental health staff are still mandated to report and will note the offenders' refusal on the form.

IS11-32 Receiving Screening – Intake Center, pages 4 -5, Section III (B) states, if during the screening, the offender reports being sexually abused within the last 72 hours or if a forensic exam is deemed medically necessary, the coordinated response to offender sexual abuse will be initiated in accordance with departmental procedures regarding offender sexual abuse and harassment. If the screening indicates the offender has experienced prior sexual victimization and a forensic exam is not deemed medically necessary, the coordinated response protocol will not be initiated, and the offender will be offered a follow-up meeting with a medical and/or mental health practitioner within 14 days of the intake screening. If the screening indicates the offender has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff members shall ensure that the offender is offered a follow-up meeting with a qualified mental health practitioner within 14 days of the intake screening. Policy mandates that all information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff, as necessary, to allow for informed decisions for treatment plans, security and management decisions. Health services staff confirmed an informed consent is obtained from offenders in accordance with institutional services regarding informed consent at the initiation of services before reporting information about prior sexual victimization that did not occur in an institutional setting.

CCC has had zero instances in where consent to report history forms for prior sexual victimization that did not occur in an institutional setting was reported.

## **Standard 115.82: Access to emergency medical and mental health services**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.82 (a)**

- Do inmate victims of sexual abuse receive timely, unimpeded Access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners According to their professional judgment? ☒ Yes ☐ No

#### 115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? ☒ Yes ☐ No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

#### 115.82 (c)

- Are inmate victims of sexual abuse offered timely information about and timely Access to emergency contraception and sexually transmitted infections prophylaxis, in Accordance with professionally Accepted standards of care, where medically appropriate? ☒ Yes ☐ No

#### 115.82 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.13 Sexual Abuse and Sexual Harassment; Sexual Assault Allegation Notification Form; CCC Coordinated Response Protocol; Medical Accountability Records System; Corizon Health Contractual Requirements; Correspondence from Corizon Health Regional Director of Nursing; Interviews with Health Services Administrator, SANE Nurse and Chief of Mental Health; Sexual Assault Nursing Protocol; Skills Competency Sexual Assault Nurse Examine; SANE-SART Online Clinical Lesson Plan, Medical Referrals, CCC meets the mandate of this standard. Policies are in place to ensure offender victims of sexual abuse receive timely unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. Emergency medical treatment is provided at the facility. Medical staff is on duty 24 hours daily. In instances of penetration with insertion, mental health staff reports to the facility within 2 hours. The providers use their professional and clinical judgment to determine if and what prophylaxis is indicated. Corizon Health, the department's

medical provider, has certified Sexual Assault Nurse Examiners. An interview with the assigned SANE Nurse confirmed she has completed forensic medical examinations at the facility. She continued she is required to report to the facility within 3 hours. In circumstances she is not available, another assigned SANE Nurse will report to the facility. Forensic medical examination involving offender on offender are conducted at CCC. Forensic medical examinations involving staff on offender are conducted Wright Memorial Hospital 701 E 1<sup>st</sup> Trenton, Mo 64683. In the event of an allegation report of a penetration event within 72 hours of the event, mental health staff will respond within 2 hours of notification, or the offender's return from a medical outcount (if necessitated).

All security and non-security first responders are required to immediately make notification of sexual abuse allegations to a security supervisor/shift commander. The shift commander is responsible for making all notifications to include the medical staff and the Chief of Mental Health. Medical and mental health staff maintain secondary materials (e.g., form, notes) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided the appropriate response by medical staff who provides 24 hours coverage, and the provision of appropriate and timely information and services concerning sexually transmitted infection prophylaxis. Treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

CCC has not had any sexual abuse incidents that resulted where there was a need for emergency contraception and/or sexually transmitted infections prophylaxis.

## **Standard 115.83: Ongoing medical and mental health care for sexual abuse victims and abusers**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.83 (a)**

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? ☒ Yes ☐ No

#### **115.83 (b)**

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? ☒ Yes ☐ No

#### **115.83 (c)**

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? ☒ Yes ☐ No

#### **115.83 (d)**

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) ☒ Yes ☐ No ☐ NA

#### 115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely Access to all lawful pregnancy related medical services? (N/A if all-male facility.) ☒ Yes ☐ No ☐ NA

#### 115.83 (f)

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? ☒ Yes ☐ No

#### 115.83 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? ☒ Yes ☐ No

#### 115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail. ☒ Yes ☐ No ☐ NA

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.13 Sexual Abuse and Sexual Harassment; CCC Coordinated Response Protocol and Corizon Health Contractual Requirements; Mental Health Log, CCC meet the mandate of this standard. Policies are in place to offer medical and mental health evaluation and, as appropriate, treatment to all offenders who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. CCC is a female correctional facility and services offered are for the female population. Review of files indicates that the evaluation and treatment is offered and documented per policy. Ninety-three allegations of alleged sexual abuse were reported to have occurred at CCC within the past 12 months of the audit. Each of the offenders were referred to mental health. All offenders received an assessment within three days of the referral. The evaluation and treatment of such victims

include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody; the facility provides such victims with medical and mental health services consistent with the community level of care and offender victims of sexual abuse while incarcerated are offered test for sexually transmitted infections as medically appropriate. Four interviews with offenders who reported sexual abuse and the review of mental health referrals revealed the majority of offenders refused continued mental health services or was already a patient with mental health. An interview with the Infection Control Nurse confirmed there has not been any sexual abuse allegations that required follow-up medical services. However, if continued medical care was necessary or questionable the offender would be seen at the time of the reported sexual abuse, followed by 6 weeks, 12 weeks, and 6 months for testing of any sexual diseases. Treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Medical care is available 24 hours and mental health staff are on call 24 hours and are required to report to the facility within two hours.

An interview with the Chief of Mental Health confirmed an attempt is made to conduct a mental health evaluation of all known offender on offender abusers within 60 days of learning of such history and offer treatment when deemed appropriate. Treatment would be determined during the first visit and offender's agreement. here an offender was found guilty of offender's sexual abuse. However, treatment would be offer but not mandated.

## DATA COLLECTION AND REVIEW

### Standard 115.86: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? ☒ Yes ☐ No

#### 115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? ☒ Yes ☐ No

#### 115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? ☒ Yes ☐ No

#### 115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? ☒ Yes ☐ No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☒ Yes ☐ No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? ☒ Yes ☐ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance Coordinator? ☒ Yes ☐ No

#### 115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.13 Sexual Abuse and Sexual Harassment; Review of PREA Sexual Abuse Debriefing Reports, Interviews with a Member of the Incident Review Team; PREA Site Coordinator and Warden, OPS PREA Coordinator, CCC meets the mandate of this standard. MDOC policy requires a sexual abuse incident review must be conducted within 30 days of the conclusion of investigations, unless the allegation is determined to be unfounded. A sexual abuse incident debriefing is not required on offender sexual harassment investigations or inquiries or if the investigation or inquiry is determined to be unfounded. There were 6 sexual abuse investigations with the finding of substantiated and 13 sexual abuse investigative findings determined as unsubstantiated. The review of 10 unsubstantiated case files and 3 substantiated cases files for sexual abuse were conducted. The

debriefings were conducted within 30 days of the completed investigation. The sexual abuse debriefing included upper-level management officials, investigators, and medical or mental health practitioners, and input from line supervisor. The final review of debriefing is submitted to the OPS PREA Coordinator, CAO, and Assistant Division Director. The debriefings included all measures of this standard. Interview with the Warden indicated the facility would look at any recommendations that resulted from the review or document the reasons for not making the implementations. There were no recommendations made for improvement in the past 12 months of the PREA audit. The debriefings included the name of the victim, assailant, staff members involved in the briefing, date and time of the incident, what occurred, location of the incident, housing information, was the allegation motivated by race, ethnicity or sexual orientation, information on the coordinated response, information retaining to a forensic exam when applicable, mental health consultation. This information is also included in the facility's annual report.

## **Standard 115.87: Data collection**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.87 (a)**

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? ☒ Yes ☐ No

#### **115.87 (b)**

- Does the agency aggregate the incident-based sexual abuse data at least annually? ☒ Yes ☐ No

#### **115.87 (c)**

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? ☒ Yes ☐ No

#### **115.87 (d)**

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? ☒ Yes ☐ No

#### **115.87 (e)**

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) ☒ Yes ☐ No ☐ NA

#### **115.87 (f)**

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) ☒ Yes ☐ No ☐ NA



## Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.13 Offender Sexual Abuse and Harassment; Incident Data for 2014, 2015, 2016, 2017, and 2018, Survey of Sexual Violence Summary Report 2016; Interviews with the Director of Adult Correctional Institutions, Warden and OPS PREA Coordinator, CCC meets the mandate of this standard. Data needed to complete the annual Survey of Sexual Violence is collected in the Corrections Information Network [COIN] system. Policy D1-8.13 Offender Sexual Abuse and Harassment states, each facility shall utilize information from the offender sexual abuse debriefings to prepare an annual report to be submitted to the department's PREA coordinator by the last working day in March.

The report includes: 1) identified problem areas, 2) recommendations for improvement, 3) corrective action taken, 4) if recommendations for improvements were not implemented, reasons for not doing so, 5) a comparison of the current year's data and corrective actions with those from prior years, and an assessment of the facility's progress in address sexual abuse, 6) an evaluation of the need for camera and monitoring systems, 7) in consultation with the PREA site coordinator; assessment determination, and documentation of whether adjustments are needed to the staffing plan, the deployment of video monitoring and the resource availability to adhere to the staff plan. The yearly report is submitted to the Division Director and the OPS PREA Coordinator no later than the last working day in March. The PREA coordinator shall prepare an annual report compiling each facility's current year's data and corrective actions. The report shall include a comparison with prior year's data, corrective actions, and an assessment of the department's progress in addressing offender sexual abuse. The report shall be forwarded to the department director for approval by the last working day in May."

The MDOC PREA Annual Report is published on the MDOC website at <https://doc.mo.gov/programs/PREA/>. The report contains information on the progress the agency has made in the PREA program, a trend analysis of all investigations in the state and correction actions for each facility. The data is collected monthly and reported annually.

## Standard 115.88: Data review for corrective action

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? ☒ Yes ☐ No

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? ☒ Yes ☐ No

#### 115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse ☒ Yes ☐ No

#### 115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? ☒ Yes ☐ No
- 

#### 115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.13 Sexual Abuse and Harassment, CCC Annual PREA Report for 2018; and MDOC PREA Annual Reports posted on the Agency's website 2010 – 2013 were reviewed and meet the requirement of this standard. The agency's policy requires the PREA Analyst to prepare and aggregate data collected throughout the agency. Each year an annual report is prepared that includes all identified noted problems within each facility while applying corrective actions for each area identified throughout the agency as a whole. The annual report includes a comparison of the current year's data and corrective actions with prior years and provides an assessment of progress in addressing sexual abuse. The Chief Administrative Officer, OPS PREA Coordinator or Agency Director edits specific material from the reports when publication would present clear and specific threat to the safety and security of a facility. The Chief Administrative Officer or designee PREA Coordinator indicates the nature of the material edited. A review of the annual reports confirmed no personal identifiers are included in the report prior to publishing on the agency website. The MDOC Annual Report on Sexual Victimization is posted on the Agency's website and available for review at <http://www.doc.mo.gov/OD/PREA.php>.

## **Standard 115.89: Data storage, publication, and destruction**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.89 (a)**

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained? ☒ Yes.  
☐ No

#### **115.89 (b)**

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? ☒ Yes ☐ No

#### **115.89 (c)**

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? ☒ Yes ☐ No

#### **115.89 (d)**

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? ☒ Yes ☐ No

### **Auditor Overall Compliance Determination**

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.13 Sexual Abuse and Harassment; PREA Annual Report and the Agency's PREA Website, the agency meets the mandate of this standard. MDOC policy requires the agency to prepare an annual report. Problem areas of concern and corrective actions are included in the annual reports for each facility throughout the Agency. A comparison of the current year's data and corrective actions with those from prior years and provides an assessment of progress in addressing sexual abuse. MDOC data is retained for at least 90 years and is secured by Office of Professional Standards and PREA Analyst. The Agency ensures all personal identifiers are removed before publishing the reports. The annual report is posted on the MDOC website at <http://www.doc.mo.gov/OD/PREA.php> for review by the public. A review of the agency's website confirmed PREA Annual Reports were posted from 2010 through 2016. No identifiable markers were noted in the reports.

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### 115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) ☐ Yes ☒ No

#### 115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) ☐ Yes ☒ No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the second year of the current audit cycle.) ☐ Yes ☐ No ☒ NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency,

were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) ☒ Yes ☐ No ☐ NA

#### 115.401 (h)

- Did the auditor have Access to, and the ability to observe, all areas of the audited facility? ☒ Yes ☐ No

#### 115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? ☒ Yes ☐ No

#### 115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, offenders, and detainees? ☒ Yes ☐ No

#### 115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

The auditors reviewed the MDOC web page at <https://doc.mo.gov/programs/PREA/PREA-audits/2018> containing the audit reports for PREA audits completed. The auditors verified that MDOC since beginning in audit year 3 of cycle 1, has ensured that at least one-third of each facility type operated by the Agency was and/or is scheduled to be audited

The auditors were granted access to all areas of the facility and the ability to observe practices and procedures of staff and the offender population during the site visit. There was no hesitation in the receipt of requested documentation and copies requested by the auditors. The auditors were provided separate private office space to both offender and staff interviews in a private setting.

The auditors received zero correspondences from the offender population. An interview the mail room staff indicated the mail addressed to auditors would have been treated in the manner of legal mail.

## Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued). ☒ Yes ☐ No. ☐ NA

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

The MDOC website <http://www.doc.mo.gov/OD/PREA.php> confirms that the agency ensures that all previous PREA Final Reports from the correctional facilities within its jurisdiction are published on the Agency's website within 90 days after the final report is issued by the auditor. MDOC meets the requirement of this standard.

## AUDITOR CERTIFICATION

I certify that:

- ☒ The contents of this report are accurate to the best of my knowledge.
- ☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- ☒ I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Debra D. Dawson

July 21, 2019

**Auditor Signature**

**Date**



# Prison Rape Elimination Act (PREA) Audit Report

## Adult Prisons & Jails

☐ Interim ☒ Final

Date of Report July 12, 2019

### Auditor Information

Name: Debra D. Dawson	Email: dddawsonprofessionalaudits@gmail.com
Company Name: 3D PREA Auditing & Consulting, LLC	
Mailing Address: P.O. Box 5825	City, State, Zip: Greenwood, FL 32443
Telephone: 850-209-4878	Date of Facility Visit: May 30-31, 2019

### Agency Information

Name of Agency:	Governing Authority or Parent Agency (If Applicable):		
Missouri Department of Corrections	State of Missouri		
Physical Address: 2729 Plaza Drive	City, State, Zip: Jefferson City, Missouri 65109		
Mailing Address: P.O. Box 263	City, State, Zip: Jefferson City, Mo.65102		
Telephone: 573 751-2389	Is Agency accredited by any organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal

Agency mission: Improving Lives for Safer Communities.

Agency Website with PREA Information: <http://doc.mo.gov/programs/PREA>

### Agency Chief Executive Officer

Name: Anne L. Precythe	Title: Director
Email: Anne.Precythe@doc.mo.gov	Telephone: 573 751-2389

### Agency-Wide PREA Coordinator

<b>Name:</b> Vevia Sturm	<b>Title:</b> Missouri Office of Professional Standard (OPS) PREA Coordinator
<b>Email:</b> Vevia.Sturm@doc.mo.gov	<b>Telephone:</b> 573 751-2389

<b>PREA Coordinator Reports to:</b>  Matt Briesacher Office of Professional Standards	<b>Number of Compliance Coordinators who report to the PREA Coordinator.</b> 0
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### Facility Information

<b>Name of Facility:</b> Kansas City Reentry Center			
<b>Physical Address:</b> 651 Mulberry Street, Kansas City, MO 64101			
<b>Mailing Address (if different than above):</b>			
<b>Telephone Number:</b> (816) 842-7467			
<b>The Facility Is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
<b>Facility Type:</b>	<input type="checkbox"/> Jail		<input checked="" type="checkbox"/> Prison
<b>Facility Mission:</b> Our mission is to return recovering offenders to society as productive, responsible and law-abiding citizens.			
<b>Facility Website with PREA Information:</b> <a href="http://doc.mo.gov/programs/PREA">http://doc.mo.gov/programs/PREA</a>			

### Warden/Superintendent

<b>Name:</b> Todd Warren	<b>Title:</b> Warden
<b>Email:</b> todd.warren@doc.mo.gov	<b>Telephone</b> (816) 842-7467

### Facility PREA Compliance Coordinator

<b>Name:</b> Beth Johnson	<b>Title:</b> Deputy Warden of Offender Management
<b>Email:</b> beth.johnson@doc.gov	<b>Telephone:</b> (816) 842-7467

### Facility Health Service Administrator

<b>Name:</b> Machele Wallace	<b>Title:</b> Health Service Administrator
<b>Email:</b> machele.wallace@doc.mo.gov	<b>Telephone:</b> (816) 387-2158

### Facility Characteristics

Designated Facility Capacity: 405		Current Population of Facility: 174	
Number of inmates admitted to facility during the past 12 months			351
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			351
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			351
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:			0
Age Range of	Youthful Inmates Under 18: N/A	Adults: 18-75	
Population:			
Are youthful inmates housed separately from the adult population?		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> .NA
Number of youthful inmates housed at this facility during the past 12 months:			N/A
Average length of stay or time under supervision:			60 days – 15 mons
Facility security level/inmate custody levels:			Level 1
Number of staff currently employed by the facility who may have contact with inmates:			104
Number of staff hired by the facility during the past 12 months who may have contact with inmates:			50
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:			1
<b>Physical Plant</b>			
Number of Buildings: 1		Number of Single Cell Housing Units: 0	
Number of Multiple Occupancy Cell Housing Units:		0	
Number of Open Bay/Dorm Housing Units:		6	
Number of Segregation Cells (Administrative and Disciplinary):		10	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):  Kansas City Reentry Center has 196 cameras that strategically located throughout the facility in program areas, housing units, warehouse, food service areas, control center, maintenance, classrooms/chapel property room, hallways, canteen/clothing issue, administrative segregation, medical and outside perimeter. The cameras are placed throughout the institution to assist staff in providing a safe secured environment for staff, offenders and the local community.			
<b>Medical</b>			
Type of Medical Facility:		24-hour health clinic	
Forensic sexual assault medical exams are conducted at:		Forensic examinations are conducted on site and/or at Truman Medical Center	
<b>Other</b>			

Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:	37 Contractors/ 156 Volunteers
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	9

## Audit Findings

### Audit Narrative

The Prison Rape Elimination Act (PREA) Recertification Audit for Kansas City Reentry Center (KCRC), Missouri Department of Corrections (MDOC) was conducted on May 30-31, 2019. The PREA audit was coordinated through the MDOC Office of Professional Standards and 3D PREA Auditing & Consulting, LLC. Department of Justice Certified PREA Auditors Debra Dawson and Joy Bell were assigned to conduct the audit. Debra Dawson served as the lead auditor.

An open line of communication was developed between the Lead Auditor, OPS PREA Coordinator Vevia Sturm and KCRC Deputy Warden of Offender Management/PREA Site Coordinator (PREA Site Coordinator) Beth Johnson. Communication was maintained via phone, and emails regarding the Pre-Audit Questionnaire (PAQ), posting of audit notice and audit logistics.

A flash drive was forward to the lead auditor by the PREA Site Coordinator. The flash drive contained the Pre-Audit Questionnaire (PAQ) and supporting documentation within designated folders for each of the 43 standards. The documentation included agency policies, procedures, forms, posters, pamphlets, brochures, handbooks, educational materials, training curriculums, staff and offender acknowledgement of PREA training, organizational charts, offender risk assessments, investigative files and results to demonstrate compliance with each PREA standards. A physical plant schematic for a pre tour scheduling itinerary was provided. The lead auditor requested additional documentation during the pre-audit, site visit and post audit phrases. All requested documentation was submitted timely.

The entrance meeting was held on May 30, 2019 at approximately 8:15 a.m. with Warden Todd Warren, Deputy Warden of Offender Management/PREA Site Coordinator Beth Johnson, Deputy Warden of Operations Spencer Colliatie; OPS PREA Coordinator Vevia Sturm, Chief of Security Shelley Gray and the assigned PREA auditors. At the conclusion of the opening meeting, a tour of the facility was conducted. The auditors were accompanied by Deputy Warden/PREA Site Coordinator (PREA Site Coordinator) and PREA Coordinator. All areas of the facility were visited during the tour to include the administration area, main lobby, offender housing units, administrative segregation, medical/pharmacy, recreation, classrooms/chapel, library, food service, canteen/clothing issue, visiting room, maintenance, control room, officers' duty stations, and property room. Continued PREA educational material to include posters, third-party reporting, and flyers was posted throughout the facility to include the offender visiting room. The notification of the PREA audit site visit was confirmed during the pre-audit process as being posted on March 20, 2019. A date stamp photocopy of the posting was forwarded to the lead auditor as confirmation. Auditors observed the notice posted on bulletin boards throughout all departments and offender housing units with viewing accessibility to all offenders and staff.

KCRC has 74 security staff who are assigned to the various three correctional shifts. There are 33 non-security staff. The auditors conducted 38 staff interviews at KCRC that included 15 random interviews

and 23 specialized interviews. Security staff was interviewed including Captains, Lieutenants, and Correctional Officers. All staff interviewed have been properly trained as PREA first responders and were well versed in their areas of responsibility regarding response to PREA allegations. Specialized staff interviewed included: (1) Director of Adult Correctional Institutions; (1) Warden; (1) PREA Site Coordinator; (1) OPS PREA Coordinator; (1) Agency Contract Administrator; (1) Intermediate or Higher-level facility staff; (1) Human Services Supervisor; (1) SANE Nurse; (2) Volunteers; (1) Contract Mental Health; (1) Contract Medical Staff; (1) Investigative Staff; (2) Intake Staff; (1) Facility Victim Advocate; (2) Staff who perform screening for risk of victimization and abusiveness/Intake; (1) Staff who supervise offenders in segregated housing; (1) Incident Review Team Member; (2) Designated staff member charged with monitoring retaliation; (1) non-security staff served as a first responder. Zero security and or non-security staff served as a first responder where the alleged victim was requested to preserve physical evidence.

There were 174 offenders designated at KCRC on the first day of the site visit. Thirty offenders were selected for formal interviews and seven were selected for informal interviews. Twenty-five offenders were selected for random interviews. Five offenders were selected from the following targeted groups: (2) offenders who had physical or mental disabilities, (1) identified as gay or bisexual; (2) Offenders who reported sexual abuse, There were (0) offenders who reported prior sexual victimization, (0) youthful offenders, (0) offenders identified as limited English Proficient, (0) offenders placed in segregated housing for risk of sexual victimization/who alleged to have suffered sexual abuse, and (0) offenders identified as transgender or intersex were designated at KCRC during the site visit. The auditors utilized housing unit rosters to select offenders for random interviews. The offenders interviewed stated they felt generally safe and expressed a good understanding of received PREA education to include methods of reporting.

The auditors carefully examined a sampling of personnel files, new hires, promotional staff, background checks, staff, volunteers, and contractor workers PREA training documentation that were provided for review. Individuals are not allowed entrance into the facility to work or volunteer until a thorough background check has been completed.

A sampling of offender institutional files was selected and observed documentation indicated by their signature documented receipt of PREA education. Documentation was also reviewed for 41 initial risk screenings assessments and reassessments.

Eight PREA allegations of sexual abuse and/or sexual harassment were reported during the past 12 months of the audit. Two sexual harassment allegations were referred for administrative investigations. Six sexual abuse allegations were referred for criminal investigations. Zero PREA allegations were completed by an outside agency. Forensic medical examinations were not applicable. The six completed investigations were reviewed by the auditors. All investigations were complete and documented the investigation process per agency policy and PREA standard 115.71. The case files included, all interviews, photos, recording video footage, first responder details, outcome notification, retaliation monitoring (when required) and incident reviews. The two remaining investigations were referred to the agency's legal department.

The PREA Site Coordinator did a phenomenal job in organizing files, while properly listing and noting documentation for each of the 43 standards.

At the conclusion of the on-site visit on May 31, 2019, an exit meeting was held to discuss the audit findings with Warden Todd Warren, PREA Site Coordinator Beth Johnson, Spence Colliatie, Deputy Warden of Operations, Chief of Custody Chelley Gray; OPS PREA Coordinator Vevia Sturm, DOJ Certified PREA Auditors Debra Dawson and Joy Bell. A corrective measure of installing a mirror in

housing units 1 – 6 to eliminate blind spots of the offenders' laundry rooms. The PREA Site Coordinator would provide photographs of the included mirrors with identification of each housing unit to the auditors. The auditor explained the continuation of the audit process that would follow the on-site visit. The auditor explained further review of documentation of practice, policy and procedures will continue and a determination of compliance with standards would be determined upon completion.

The PREA Site Coordinator forward photographs of the installed mirrors in each of the housing units 1 - 6. The installed mirrors allow staff viewing of the offenders' laundry room from various locations in the common area. This project was completed on June 18, 2019.

## Facility Characteristics

The Kansas City Reentry Center (KCRC) is located at 651 Mulberry Street in Kansas City, Jackson County, Missouri. The facility consists of 88,000 square feet on five acres. KCRC is a two-story facility which consists of six dorm style housing units that can house up to 300 male, minimum security offenders. The facility began operation in 1996 as The Kansas City Community Release Center operating as an honor center. In 2015, the facility mission changed to a reentry center which resulted in the facility being designated as the Kansas City Reentry Center and placed under the supervision of the Division of Adult Institutions as a minimum-security prison. The facility continues to operate as a reentry center preparing offenders for release back into the community. Offenders housed at KCRC have 15 months or less until release to the community and are from the surrounding counties of Jackson, Clay, Cass, Platte, Johnson, Lafayette, Ray or Buchanan county. Unlike most other Missouri prison, KCRC consists of only one building which contains six general population housing units, one 10 cell administrative segregation unit, indoor recreation area, special unit (library), dining area, kitchen, canteen, clothing issue, food service warehouse, laundry room, maintenance, Institutional Parole offices, education classrooms, Medical, Mental Health services, chapel area and administrative offices.

KCRC offers the following classes: Impact of Crime on Victims, Inside Out Dads, Pathway to Change, Anger Management, Trauma Resolution, Communication Skills, Anxiety Management, Batterer's Intervention Program, Restorative Justice Organization, HiSet (GED) and Substance Abuse Education. Volunteers facilitate the following classes: Financial Peace University, Conflict Resolution, Personal/Professional Development and Alcohol Anonymous and Narcotics Anonymous.

All offenders at KCRC are within 15 months of release on Probation, Parole or Director's Discharge and have either been sentenced from or will be releasing to an eight (8) county catchment area surrounding the Kansas City metropolitan area. KCRC offenders are Medical 1 or 2 (low acuity), Mental Health 1 or 2 (no psychotropic medications for mental health reasons), custody level 1 and Education 1 – 5. The physical layout of the building consists of one building with administrative offices located on the second floor. Housing Units 1 – 6 have cameras at each end of the unit. The Housing Units are as follows:

Housing Unit 1 – General Population - Sigmas and Kappas (Sigmas – Work Release/Outside Clearance)

Housing Unit 2 – Intake Unit – Kappas and Alphas

Housing Unit 3 – General Population – Kappas and Alphas

Housing Unit 4 – General Population – Kappas and Alphas

Housing Unit 5 – General Population – Kappas and Alphas

Housing Unit 6 – Work Release/Outside Clearance – Kappas and Alphas

Housing Unit 7 – Administrative Segregation

## Summary of Audit Findings

**Number of Standards Exceeded:** 2

115.16: Inmates with disabilities and inmates who are limited English proficient; 115.41 Screening for risk of victimization and abusiveness;

**Number of Standards Met:** 41

115.11: Zero Tolerance of sexual abuse and sexual harassment: PRE Coordinator; 115.12: Contracting with other entities for the confinement of inmates; 115.13: Supervision and monitoring; 115.14: Youthful inmates ; 115.15: Limits to cross-gender viewing and searches; 115.17: Hiring and promotions decisions; 115.18: Upgrades to facilities and technologies; 115.21 Evidence protocol and forensic medical examinations; 115.22: Policies to ensure referrals of allegations for investigations; 115.31 Employee Training; 115.32 Volunteer and contractor training; 115.33 Inmate Education; 115.34: Specialized training :Investigations; 115.35 Specialized training: Medical and mental health care; 115.42: Use of screening information; 115.43: Protective Custody; 115.51: Inmate reporting ; 115.52 Exhaustion of administrative remedies;.115.53: Inmate access to outside confidential support services; 115.54 Third-party reporting; 115.61 Staff and agency reporting duties; 115.62: Agency protection duties; 115.63: Reporting to other confinement facilities; 115.64: Staff first responder duties; 115.65 Coordinated response; 115.66: Preservation of ability to protect inmates from contract with abusers; 115.67: Agency protection against retaliation; 115.68: Post-allegation protective custody; 115.71: Criminal and administrative agency investigations; 115.72: Evidentiary standard for administrative investigations; 115.73: Reporting to inmates; 115.76: Disciplinary sanctions for staff; 115.77: Corrective action for contractors and volunteers; 115.78: Disciplinary sanctions for inmates; 115. 81 Medical and mental health screenings: history of sexual abuse: 115.82: Access to emergency medical and mental health services; 115.83: Ongoing medical and mental health care for sexual abuse victims and abuser; 115.86 Sexual abuse incident reviews ; 115.87 Data collection; 115.88 Data review for corrective action;.115.89 Data storage, publication, and destruction.

**Number of Standards Not Met:** 0

**Summary of Corrective Action (if any)** N/A

### PREVENTION PLANNING

**Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**



## All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

### 115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? ☒ Yes ☐ No

### 115.11 (b)

- Has the agency employed or designated an agency wide PREA Coordinator? ☒ Yes ☐ No
- Is the PREA Coordinator position in the upper level of the agency hierarchy? ☒ Yes ☐ No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities? ☒ Yes ☐ No

### 115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance Coordinator? (N/A if agency operates only one facility.) ☒ Yes ☐ No. ☐ NA
- Does the PREA compliance Coordinator have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.) ☒ Yes ☐ No. ☐ NA

## Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of Missouri Department of Corrections Department Procedural Manual, D1-8.13 Offender Sexual Abuse and Harassment (MDOC Policy D1-8.13); KCRC Offender Handbook; Director's Office and Facility Organization Charts and duties of the MDOC PREA Coordinator and PREA Site Coordinator it was determined KCRC meets the mandate of this standard. MDOC and KCRC have written policies and procedures in place to support the agency's mission and goal of maintaining a zero tolerance of sexual abuse and sexual harassment. The policies provide an outline of required practice in

the agency's approach to preventing, detecting, and responding to allegations of sexual harassment or sexual abuse. The policy includes definitions of prohibited behaviors regarding sexual assault and sexual harassment of offenders with sanctions for those found to have participated in these prohibited behaviors. Policies identify the agency's strategies and responsibilities to detect, reduce and prevent sexual abuse and sexual harassment of offenders.

The OPS PREA Coordinator is a position assigned by the OPS Director to coordinate the agency's statewide compliance with PREA. In an interview with the OPS PREA Coordinator, she confirmed that her time is exclusively devoted to ensuring compliance with all PREA standards and ensure the prevention of sexual abuse and sexual harassment. The Deputy Warden of Offender Management is assigned as the PREA Site Coordinator and is responsible for ensuring PREA standards are maintained at the facility. An interview with the PREA Site Coordinator confirmed she makes time to fulfill her duties as the PREA Site Coordinator by prioritizing her duties and ensuring her duties as the PREA Site Coordinator is completed. Effective communication between the OPS PREA Coordinator and the PREA Site Coordinator is routinely maintained through phone calls, memorandums, emails, training, and meetings to discuss policy updates, new initiatives and any issues of concerns.

## **Standard 115.12: Contracting with other entities for the confinement of inmates**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.12 (a)**

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) ☒ Yes ☐ No ☐ NA

#### **115.12 (b)**

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates OR the response to 115.12(a)-1 is "NO".) ☒ Yes ☐ No ☐ NA

### **Auditor Overall Compliance Determination**

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.13 Offender Sexual Abuse and Harassment; Memorandum from Warden; contracts with community confinement facilities under the authority of the Division of Probation and Parole and interviews with the OPS PREA Coordinator and Warden, KCRC meet the mandate of this standard. The contracts require the contractors adopt and comply with PREA standards and compliance is monitored by the agency. However, KCRC does not contract with other entities for the confinement of its offenders.

### **Standard 115.13: Supervision and monitoring**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.13 (a)**

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No ☐ NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

#### 115.13 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)  
☐ Yes ☐ No ☒ NA

#### 115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? ☒ Yes ☐ No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? ☒ Yes ☐ No

#### 115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? ☒ Yes ☐ No
- Is this policy and practice implemented for night shifts as well as day shifts? ☒ Yes ☐ No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.13 Offender Sexual Abuse and Harassment; Memorandum from MDOC Security Administrator Regarding Staffing Patterns and PREA Requirements; PREA Yearly Staffing Report; Post Analysis; Correctional Officer Staffing Analysis; Staffing Pattern Charts; Shifts 1, 2, and 3, Staffing Evaluation 2016, 2017 and 2018; 2018 PREA Annual Report; Custody Daily Rosters; Documentation of Unannounced Rounds Logs; IS20.-1.1 Post Orders; Implementation Teams Report, KCRC meets the mandate of this standard. The staffing plan for KCRC was originally developed by Central Office in 2015/2016 which the KCRC continues to work from. The staffing plan addresses the items listed in section 115.13a. Per the Warden the agency ensures the facility does not go below the identified level of staff for each shift. All critical post would be manned. Any deviations from the staffing plan would be documented in addition to the reason for the deviation. If there was a need for additional staff, overtime would be authorized in lieu of vacating a critical post. There were no deviations noted to have occurred.

The facility has 196 cameras that assist staff in monitoring offender behavior. On an average the facility has 30 days of DVR storage space. Review of video monitoring confirmed the offenders' privacy during showering, use of toilet, change of clothes and performance of bodily functions was not observed by staff during video monitoring. The facility is designated as an adult male facility. Both female and male staffs are assigned to each shift.

The auditors identified blind spots in housing units 1 - 6 laundry rooms. The offenders' laundry room is in a separate room away from the common area and offender cell assignments. Staff was unable to monitor and/or observe offender activities within these areas prior to entering a hall and approaching the area. Therefore, this discrepancy was a factor in the facility not meeting the mandate of this standard. This matter was brought to the attention of the Warden, PREA Site Coordinator and OPS PREA Coordinator. A corrective measure plan was developed that included the installation of a mirror placed on the outer wall across from entry into the laundry room. Upon staff installing a mirror in the identified locations, staff are now able to monitor the laundry rooms from various location within the common area of the housing unit. The complete installation of cameras for these areas were conducted on June 21, 2019.

Photographs identifying each area was provided to the auditors and served as confirmation of compliance with this standard 115.13 (a).

The unannounced PREA rounds logs are documented on a tracking log noting all areas of the facility. Interviews with intermediate-level or higher-level supervisors that included Captains, Lieutenants, Functional Unit Managers, Warden, and PREA Site Coordinator indicated they are aware of their responsibility to conduct unannounced PREA rounds. Supervisory staff stated rounds are conducted out of sequence to prevent a pattern. A review of the tracking log and logbooks confirms unannounced rounds are not completed in a pattern and are conducted by a variation of supervisory staff. Rounds conducted in this manner prevent staff from alerting others that supervisory unannounced rounds are being conducted. Post orders include a general order prohibiting staff members from alerting each other that unannounced supervisor rounds are occurring, unless such announcement is related to legitimate operational functions of the facility. Supervisory staff stated they are unaware of any circumstances where a staff member have alerted others of unannounced rounds being conducted.

## **Standard 115.14: Youthful inmates**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.14 (a)**

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

#### **115.14 (b)**

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

#### **115.14 (c)**

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

- Do youthful inmates have Access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.13 Sexual Abuse and Harassment; IS5-3.1 Offender Housing Assignments; Missouri Department of Corrections Institutional Services Procedural Manual, IS5-1.1 Diagnostic Center Reception and Orientation; MDOC Statutes, Chapter 217, Section 217.345, and Interviews with Warden and PREA Site Coordinator, offenders under the age of 18 have not and will not be assigned at KCRC. KCRC meets the mandate of this standard.

## Standard 115.15: Limits to cross-gender viewing and searches

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.15 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners? ☒ Yes ☐ No.

#### 115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20, 2017.) ☒ Yes ☐ No ☐ NA
- Does the facility always refrain from restricting female inmates' Access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 inmates before August 20, 2017.) ☐ Yes ☐ No ☒ NA

#### 115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes ☐ No
- Does the facility document all cross-gender pat-down searches of female inmates?



☒ Yes ☐ No

#### 115.15 (d)

- Does the facility implement a policy and practice that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? ☒ Yes ☐ No
- 

#### 115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? ☒ Yes ☐ No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? ☒ Yes ☐ No

#### 115.15 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of SOPD1-8.13 Offender Sexual Abuse and Harassment; SOP20-1.3 Searches; Memorandums and Directive from Director of Adult Institutions PREA Privacy Screens and Barriers; Documentation of Cross-Gender Announcements; Post Order 19.14 Segregation Unit Officer;

IS6-1.3 Offender Personal Appearance and Grooming; D4-4.8 Security Camera Operations; Institutional Searches Lesson Plan; IS5-3.3 Transgender and Intersex Offenders; Institutional Staff Completed Training Log for 2018 Institutional Searches; Interviews with Staff, KCRC meets the mandate of this standard. KCRC is an adult male facility and does not house female offenders. However, the agency has policy that prohibit cross gender pat searches on female offenders, cross gender visual body cavity searches and strip searches. Individual shower stalls with appropriate showers curtains and/or dorrs and toilets with doors are provided for the offender population in the housing units. The showers and toilet barriers allow privacy for offenders to change of clothing, showers, use of bodily functions without being seen by nonmedical staff of the opposite gender viewing except in exigent circumstances or when such viewing is incidental to routine security checks

An announcement is made by each female entering the housing unit. A clipboard is posted outside the entry door of a chronological log noting the date, time staff person entering and exiting the housing units. All individuals entering are required to documented. A sign is posted when females are in the housing unit. This posting assist offenders who are hard of hearing or was not in the housing unit at the time of the opposite gender entry. Observation of this procedure and a review of the chronological log were conducted by the auditors.

Policy prohibits staff from physically examining transgender or intersex offenders for the sole purpose of determining the offender's genital status. The determination of transgender and/or intersex offenders genital status may be obtained during conversations with the offender, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner. Interviewed staff were given a variety of scenarios in which staff may elect to conduct a visual search of an offender identified as transgender and/or intersex for the sole purpose of determining the offender's genital status. The interviewed staff identified searches of such were prohibited and they would report any known behavior and/or attempted behavior of a co-worker regardless of the staff member's rank.

Procedures for conducting cross-gender searches, transgender, intersex, or gender unknown searches are outlined in the Division Institutional Searches Lesson Plan. An interview with training staff personnel confirmed hands-on training for cross-gender searches began in 2014 for all employees. The curriculum was also added at the Training Academy for all new hires at this time. All staff interviewed acknowledged receipt of institutional searches training which include conducting cross-gender searches. An electronic generated roster identified staff's completion of training. Staff provided the auditors with verbal instructions on conducting cross-gender searches. There were zero offenders identified as transgender or intersex at KCRC during the auditing cycle.

## **Standard 115.16: Inmates with disabilities and inmates who are limited English proficient**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.16 (a)**

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? ☒ Yes ☐ No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? ☒ Yes ☐ No
- Do such steps include, when necessary, providing Access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? ☒ Yes ☐ No

#### 115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? ☒ Yes ☐ No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No.

#### 115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first response duties under §115.64, or the investigation of the inmate's allegations? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.13 Offender Sexual Abuse and Harassment; MDOC Lesson Plan for Special Needs Provided to Staff; PREA Training Rosters of Offenders with Special Needs; PREA Written Transcript; Available Bi-lingual Staff; KCRC Coordinated Response Plan; IS5-2.3 Offender Internal Classification; PREA Pamphlets and Posters; PREA Sexual Abuse Brochures in multiple languages, D5-5.1 Deaf and Hard of Hearing Offenders; Contracts with outside Translation Service Contracts that include communication services for sign language, verbal language and a written language translations. KCRC takes steps and has policies and procedures that ensure offenders with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. MDCO Policy D1-8.13 Offender Sexual Abuse and Harassment dictates PREA education shall be provided to the offender in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to offenders, who have limited reading skills in accordance with the department's procedures regarding deaf and hard of hearing offenders, disabled offenders, and blind and visually impaired offenders. Signs with words "Male" and "Female" are on all housing units. These are used for hard of hearing offenders when there is a "female on the floor", PREA announcements Offenders who have limited English proficiency shall be provided a copy of the video transcript and the PREA offender brochure in their native language. PREA Videos are also available with closed captioning. KCRC have available resources to provide offenders with materials in a variety of languages to include English, Spanish, Chinese (Traditional), Japanese, Large Print-Braille, Russian, Serb Croatian, and Vietnamese. PREA posters and educational materials are provided in English and Spanish. The PREA video is available in English and Spanish. Offenders who are deaf are

provided PREA information thru written form, i.e. PREA guidelines, Education Brochures and Videos. Offenders who are blind are provided an audio version in either English or Spanish. The MDOC Lesson Plan for Special Needs completed by staff during basic institutional training goal is that students will be able to compare and contrast individuals with mild or moderate intellectual disabilities, learning disabilities, and emotional problems. Also, that staff will assess the potential problems from these impairments, predict how staff might be affected and learn techniques that facilitate learning and effective communication. There are KCRC staff are available to provide translation services. One individual assist with translation services for the Spanish language and another provide translation services for the Samoan language. Additionally, a staff is available to translate sign language.

Formal and informal interviews with staff confirmed offenders are not used as interpreters, offender readers, or other types of offender assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise an offender's safety, the performance of first responder duties, or the investigation of an offender's PREA allegations.

There were zero circumstances noted where an offender was utilized to serve as an interpreter and/or offender reader. Interviews with two offenders identified with a physical or mental disability, confirmed staff provided PREA educational material they were able to understand. There were zero offenders identified as LEP at the facility during the site visit.

## **Standard 115.17: Hiring and promotion decisions**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.17 (a)**

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

#### 115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates? ☒ Yes ☐ No

#### 115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency: perform a criminal background records check? ☒ Yes ☐ No
- Before hiring new employees, who may have contact with inmates, does the agency: consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? ☒ Yes ☐ No

#### 115.17 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates? ☒ Yes ☐ No

#### 115.17 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees? ☒ Yes ☐ No

#### 115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? ☒ Yes ☐ No
- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? ☒ Yes ☐ No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No

#### 115.17 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? ☒ Yes ☐ No

#### 115.17 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) ☒ Yes ☐ No ☐ NA

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with D1-8.13 Offender Sexual Abuse and Harassment; Applications for Employment For New Hires and Promotions; New Hire, and Rehire Completed Applications: Email for the Missouri Department of Corrections Division of Human Services, Office of Personnel; Pre-Employment PREA Checks; Background Investigations; Promotional Appointment D2-5.1 Maintenance of Employee Records;.D2-2.10.Re-Employment Appointment D2-2.8.Promotional Appointment; D2-2.2 Background Investigations; D2-11.14.Annual Employment Requirements; Staff Yearly Background Checks, Missouri PREA Hiring Checklist; Background Checklist for Contractors; Employee Handbook; Application for Employment forms, Interviews with Human Resource Manager, and Warden, KCRC meets the mandate of this standard.

The Human Resource Manager was interviewed in regard to a response to this standard. Forty-five persons who may have contact the offender population was hired within the past 12 months of the audit. Before hiring new employees the human resources staff members or designee perform a criminal background records check and contact all prior institutional employers, when possible, for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse in accordance with the depart procedure regarding background investigation. Prior to approval of a promotional appointment, regardless of the salary range, a check is conducted of the employee's official personnel file through central office human resources. The check is performed to ensure the employee has received no formal discipline for sustained allegations of sexual abuse and/or harassment or any information indicating any pending or adjudicated criminal charges. All sustained allegations are considered by the department before an employee is promoted. Backgrounds checks are conducted annually during the staff member's birth month. During the initial background investigation process of new hires, the applicant's fingerprints are mailed to the Highway Patrol as a process for hiring and continued service A check is also conducted on the staff's member driver license annually. The background checks are conducted through the Missouri State Highway Patrol utilizing the Missouri Uniform Law Enforcement System (MULES) and the National Crime Information Center System (NCICS). The Application for Employment require applicants to report all work history in prison,



jail, lockup, community treatment centers, halfway house, restitution center, mental facility, alcohol or drug rehabilitation center, juvenile facility or other correctional facility (public or private). The applicant must also report if they were terminated or otherwise disciplined or counseled for sexual contact with or sexual harassment on an inmate, detainee, or resident of a correctional facility. Applicants must certify the information provided is correct to the best of their knowledge and understand that falsification of the information is grounds for disqualification from the selection process or dismissal from employment. All employees and contractors are required to report any subsequent arrest to their immediate supervisor before reporting for duty. Corizon conduct all background checks for medical and mental health staff assigned at MDOC facilities. Once contract staff is cleared, the Human Resource Manager receives a memorandum stating they have been cleared.

Verification of employment verbal requests shall be referred to the automated TALX program. Written requests shall be submitted to the central office human resources office and should be responded to in writing within 5 working days.

## Standard 115.18: Upgrades to facilities and technologies

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.18 (a)

- If the agency designed or acquired any new facility or planned any Substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a Substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.) ☒ Yes ☐ No ☐ NA

#### 115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.) ☐ Yes ☒ No ☐ NA

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** *(Requires Corrective Action)*

In accordance with the review of Memorandum from Warden; D4-4.8 Security Camera Operations; Quarterly Camera Reports; 2018 PREA Annual Report; Interview with Warden, KCRC meets the mandate of this standard. Housing Unit #8 will be utilized as an inside recreation area. However, the cubicles were not/will not be removed. Recreation equipment will be placed accordingly. Additionally, cameras have been installed that considered how such technology may enhance the agency's ability to protect inmates from sexual abuse. KCRC has not had any substantial expansion or modification of existing facility since the previous PREA audit in 2016.

## RESPONSIVE PLANNING

### Standard 115.21: Evidence protocol and forensic medical examinations

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### 115.21 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  
☒ Yes ☐ No ☐ NA

#### 115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

#### 115.21 (c)

- Does the agency offer all victims of sexual abuse Access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? ☒ Yes ☐ No

- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ☒ Yes ☐ No
- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

#### 115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? ☒ Yes ☐ No
- Has the agency documented its efforts to secure services from rape crisis centers? ☒ Yes ☐ No

#### 115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? ☒ Yes ☐ No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes ☐ No

#### 115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) ☐ Yes ☐ No ☒ NA

#### 115.21 (g)

- Auditor is not required to audit this provision.

#### 115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? [N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.] ☒ Yes ☐ No ☐ NA

## Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.8 Evidence Collection, Accountability and Disposal; D1-8.7 Crime Scene Security; D1-8.13 Offender Sexual Abuse and Harassment; Memorandum from Supervisor of Religious/Spiritual Programming (SRSP) to Agency Chaplains; SOPD1-8.13 Offender Sexual Abuse and Harassment; List of Available SANE Hospitals; Advocacy Training; Consent for Facility Advocacy Services; Documentation of unavailability to provide services from Crisis Center; On-Line Advocacy Learning; Letter to Missouri Sheriff Offices; Proven Partnership Contractual Agreement with Corizon, KCRC Inter-office communication for PREA Protocol, KCRC meets the mandate of this standard.

The Missouri Department of Corrections Office of Professional Standards PREA Unit conducts all criminal investigations and administrative investigations involving sexual abuse. The OPS PREA Unit investigators utilize nationally recognized protocols for the collection and preservation of evidence as discussed in the "A National Protocol for Sexual Assault Medical Forensic Examination." The protocols utilized are appropriate for youthful offenders. The Department's evidence protocol is outlined in D1-8.8 Evidence Collection, Accountability and Disposal All allegations involving staff and that appear to be criminal are forwarded to local law enforcement. In such an incident local law enforcement agency conduct an allegation of sexual abuse from the agency, the OPS PREA Coordinator forwarded a request to the local Sheriff Offices. The correspondence noted that the MDOC in accordance with Prison Rape Elimination Act, request investigative agencies that conduct PREA investigations within MDOC facilities adhere to PREA Standard 115.21 Evidence protocol and forensic medical examinations as required by the PREA standards. A copy of correspondence from the OPS PREA Coordinator to the local law enforcement Sheriff Offices was provided for review by the auditors.

The auditor interviewed a OPS PREA Investigator and he confirmed all administrative and criminal investigation throughout MDOC must adhere to the investigative and evidence protocols based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents, or similarly comprehensive and authoritative protocols developed after 2011.

Medical and behavioral health care including certified Sexual Assault Nurse Examiners (SANE) are provided on-site through a contract with Corizon Health. Forensic exams are conducted on-site by a SANE nurse for an offender-on-offender sexual assault. Sexual abuse forensic examinations involving staff on offender are conducted at a local hospital Truman Medical Center 2301 Holmes Street Kansas City, MO 64108, where these services can be provided. A full time SANE Nurse is not assigned at KCRC. However, the Corizon Health SANE Nurses are assigned by Regions to report to MDOC correctional facilities when a forensic examination is required. The forensic examinations are provided at no cost to

the victim. There were zero sexual abuse allegations reported that required a forensic examination during the auditing cycle.

The OPS PREA Coordinator have attempted to obtain an agreement for a community victim advocate from a rape crisis center for KCRC. The effort to obtain an agreement was documented by the OPS PREA Coordinator through emails and logs. However, an agreement has not been established. The Missouri Department of Corrections collaborated with the Missouri Coalition Against Domestic and Sexual Violence to create online advocacy training. This training is available for Volunteers in Corrections as well as community members who may be interested in providing advocacy services to victims of sexual violence within MDOC prisons. The facility is required to have at least one qualified staff member that has been trained as an advocate. An interview was conducted with the Functional Unit Manager regarding his assignment as the Victim Advocate. Two volunteers in Corrections also have completed the training and service as a victim advocate for the facility. Each completed a 3.5 hours credit training course for advocacy/victim services on-line titled "Advocacy with Survivors of Sexual Victimization for DOC." Documentation of the completed training was provided. Immediately upon being notified of the circumstances surrounding the incident of sexual abuse, one of the victim advocates is notified by the Shift Commander. The victim advocate reports to the facility to accompany and support the victim through the forensic medical examination process and investigatory interviews and provide emotional support, crisis intervention, information and referrals as requested by the victim. Documentation of offering a victim advocate after the report of non-penetration sexual abuse was provided.

## **Standard 115.22: Policies to ensure referrals of allegations for investigations**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.22 (a)**

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? ☒ Yes ☐ No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? ☒ Yes ☐ No

#### **115.22 (b)**

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? ☒ Yes ☐ No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? ☒ Yes ☐ No
- Does the agency document all such referrals? ☒ Yes ☐ No

#### 115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).] ☐ Yes ☐ No ☒ NA

#### 115.22 (d)

- Auditor is not required to audit this provision.

#### 115.22 (e)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.13 Offender Sexual Abuse and Harassment ; KCRC Coordinated Response to Offender Sexual Abuse; PRE Tips Hotline; ;D1-8.1 Office of Professional Standards; D1-8.4 Institutional Investigations; PREA Allegation Notification Checklist-Institution; D1-8.4 Institutional Investigations; Agency website; Interview with OPS Investigator and Review of Investigative Files and logs, KCRC meets the mandate of this standard. All allegations of offender sexual abuse and/or harassment, including third party and anonymous reports are immediately forwarded to the Shift Commander to initiate the coordinated response as outlined in the offender sexual abuse and harassment procedure. MDOC Directives requires an administrative and/or criminal investigation is completed for all allegations of sexual abuse/harassment. Within two business days of receipt of a sexual abuse/sexual harassment, the OPS PREA Unit determines if the allegations meet PREA definitions or if additional information is needed.

KCRC did not have a facility investigator assigned at the facility during the audit process. The OPS PREA Unit is responsible for conducting PREA allegations to include those that may be criminal. The OPS Investigator explained all allegations are required to be referred and investigated as part of the employee standards. Upon receiving an allegation of sexual abuse, he begins the investigation as soon as possible. When an OPS Investigator conducting the investigation believes there is probable cause that a criminal act has been committed in an offender related case, The Chief Administrative Officer (CAO), will determine whether law enforcement should be contacted to complete the investigation. If law enforcement declines to investigate the incident, the trained OPS Investigator will complete the

investigation and processing of the incident. If the investigation determines that a criminal act has occurred, the CAO shall refer the incident to the appropriate prosecutor's office for consideration. All referrals for such allegations will be documented in accordance with the coordinated response to offender sexual abuse located on the department's intranet website: <http://doc.mo.gov/programs/PREA>.

When outside agencies investigate sexual abuse, staff members will cooperate with outside investigators and will make an effort to remain informed about the progress of the investigation. A memorandum drafted by the OPS PREA Coordinator was forwarded to the various Sheriff Departments requesting the responsible parties follow PREA standards when conducting offender sexual abuse investigations. There were zero PREA allegations investigated by outside law enforcement agencies. All administrative and criminal investigations of sexual abuse or sexual harassment is entered into the COIN (Corrections Information Network) system within the MDOC. Administrative and criminal investigation reports will be retained for 90 years from the completion of the investigation and in accordance with the department procedure regarding records retention. Interviews with both the facility investigator and OPS Investigator confirmed this practice during the interview process.

During the past 12 months of the audit, there were eight allegations of sexual abuse and sexual harassment that were referred for investigation to the OPS PREA Unit for investigation. Two allegations resulted in an administrative investigation and six were referred for criminal investigations. There was not enough evidence to support criminal actions, therefore the cases were returned for administrative investigations.

## TRAINING AND EDUCATION

### Standard 115.31: Employee training

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### 115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No



- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? ☒ Yes ☐ No

#### 115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility? ☒ Yes ☐ No
- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? ☒ Yes ☐ No

#### 115.31 (c)

- Have all current employees who may have contact with inmates received such training? ☒ Yes ☐ No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? ☒ Yes ☐ No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? ☒ Yes ☐ No

#### 115.31 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with a review of D1-8.13, Offender Sexual Abuse and Harassment; MDOC Lesson Plan for Basic PREA Training; DOCOTA Online Training Lesson Plan "PREA Basic for All Staff Curriculum " for 2016; PREA Refresher Training Log 2018; PREA Training Acknowledgement Forms for 2018; Memorandum from Director; Memorandum from Director-Division of Adult Institutions Interviews with Random Staff and Specialized Staff, PREA Education Mandates from OPS PREA Coordinator, KCRC meets the mandate of this standard. D1-8.13 Offender Sexual Abuse and Harassment, Section III (B) (4), page 8, covers training requirements for new staff, current staff, part-time employees, volunteers, contract staff members and vendors. There are 104 staff who have contact with offenders and were trained or retrained on the PREA requirements. All employees to receive initial PREA training during the department's basic training and refresher PREA training every two years through MDOC Intranet, DOCOTA Online Training PREA. Years, in which an employee does not receive training, the department's PREA coordinator provide current information on sexual abuse and sexual harassment policies. Both the Basic Training and the Refresher Training curriculum contained the 10 elements required in this standard.

Upon successful completion of the on-line PREA refresher training, staff receives a certificate of achievement. Additionally, training is provided to staff routinely through emails, web-based, and staff meetings. Interviews with random and specialized staff each confirmed they were aware of their responsibilities to protect victims, respond to allegations made and refer reports for investigation to the OPS PREA Unit. Staffs are provided with a pocket card identifying steps to follow during reported allegations pertaining to sexual abuse and sexual harassment by an offender and how to report these allegations. A review of staff training was confirmed through certificates of completion and computer-generated rosters. KCRC provides training tailored to the gender of the male offenders and includes training of conducting searches of transgender and intersex offenders. There were zero staff who transferred to KCRC (male facility) from a correctional facility that house only female offenders. However, training does dedicate gender training on searches.

## Standard 115.32: Volunteer and contractor training

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.32 (a)

- Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? ☒ Yes ☐ No

#### 115.32 (b)

- Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed

how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)? ☒ Yes ☐ No

#### 115.32 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.13 Offenders Sexual Abuse and Sexual Harassment; Volunteers in Corrections Lesson Plan; Offender Work Release Procedures Training; PREA: What you need to know about the PREA Elimination Act Pamphlet; PREA Training Acknowledgment Forms signed by Contractors and Volunteers, and Interviews with Volunteers and Contractors, KCRC meets the mandate of this standard. There are seven Corizon medical and mental staff health to include five nurses, the Director of Nursing and the Chief of Mental Health Services. The volunteers work with Alcohol Anonymous, Narcotics Anonymous or religious services. KCRC has a Memorandum of Understanding Missouri Department of Transportation and Scripted Healthcare/Accessibility Medical. These individuals received PREA training by KCRC staff. The PREA training provided includes the agency's policy and procedures regarding sexual abuse and sexual harassment prevention, detention, reporting, and response including zero tolerance. The level and type of training provided to the contractors and volunteers is based on the level of offender contact with them. Contractors and volunteers receive PREA training specific to their classification as determined by the appropriate Division Director and Chief of Staff Training. PREA training for both volunteers and contract staff is an annual requirement. Medical and Mental Health staff confirmed they also receive annual PREA Refresher Training from Cozion Health and with MDOC staff through an on-line course with on-line DOCOTA. Supervisors employed with the various Department of Transportation where offenders may be assigned also complete training tailored to their position titled "Offender Work Release Procedures Training." PREA training acknowledgement forms for both volunteers and contract staff were presented to the auditor as supporting documentation of compliance with this standard. Volunteers in Corrections (VIC) complete volunteer training and the PREA training annually and are permitted to supervise offender groups per Departmental Policy, D2-13.1 Volunteers. Community Resource and Reentry Partners are volunteers who provide support services to assist offenders in achieving success and are required to be escorted and supervised by staff while inside the facility per IS 18-6.2 Access to Facilities. Policy identify vendor are always escorted by a staff member or shall receive PREA training prior to entering the facility. All vendors are escorted by staff.

## Standard 115.33: Inmate education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No

### 115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? ☒ Yes ☐ No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? ☒ Yes ☐ No

### 115.33 (c)

- Have all inmates received such education? ☒ Yes ☐ No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility? ☒ Yes ☐ No

### 115.33 (d)

- Does the agency provide inmate education in formats Accessible to all inmates including those who are limited English proficient? ☒ Yes ☐ No
- Does the agency provide inmate education in formats Accessible to all inmates including those who are deaf? ☒ Yes ☐ No
- Does the agency provide inmate education in formats Accessible to all inmates including those who are visually impaired? ☒ Yes ☐ No
- Does the agency provide inmate education in formats Accessible to all inmates including those who are otherwise disabled? ☒ Yes ☐ No

- Does the agency provide inmate education in formats Accessible to all inmates including those who have limited reading skills? ☒ Yes ☐ No

#### 115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions? ☒ Yes ☐ No

#### 115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with a review of D1-8.13 Sexual Abuse and Sexual Harassment; SOP5-1.2 Institution Receiving and Orientation; Interviews with Offenders; Offender Sexual Abuse Sexual Harassment Acknowledgement Forms, PREA Posters, Pamphlets; Video and Lesson Plan "PREA: What You Need to Know," Formal and informal interviews with offenders, KCRC meets the mandate of this standard. KCRC ensures all incoming offenders who arrive earlier during the week, receive a PREA brochures at intake upon their arrival. The PREA Video PREA "What You Need to Know" is shown during Orientation and offenders sign the MO 931-4506 (06-13) Offender Sexual Abuse and Harassment Acknowledgment form. The forms are signed by the offenders and dated after watching the video. There were 351 offenders admitted during the past 12 months who were given PREA information. The documented PREA training is maintained in the offender's file. PREA posters are posted in all housing units, program areas, visiting room, and food service in English and Spanish and is available in other languages as needed. The offender population are issued personal tablets. The tablet contains the PREA Brochure, Institutional Advocacy poster, PREA poster with the stop sign and the PREA TIPS Hotline poster. This material is accessible to the offender population which provides a continuously and readily availability of PREA education resources.

Thirty formal and seven informal interviews were conducted with the offender population. The offenders acknowledged receipt of PREA training upon their arrival, observing the PREA video in addition to their awareness of PREA information posted throughout the facility.

## Standard 115.34: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

### 115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does this specialized training include proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

### 115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

### 115.34 (d)

- Auditor is not required to audit this provision.

## Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.13 Offender Sexual Abuse and Harassment; MDOC Lesson Plan consisting of four Modules Special Investigator Training; Investigators' Training Rosters for PREA Specialized Investigator Training, Interview with OPS Investigator, KCRC meets the mandate of this standard. OPS Investigators are assigned to conduct sexual abuse allegations and/or sexual harassment within the MDOC. The nine assigned OPS Investigators have received specialized training for conducting sexual abuse/harassment investigations in confinement settings. The OPS Investigators complete a 40-hour course that includes PREA Specialist Investigative Training at the Central Office in Jefferson City, MO. This training includes techniques for interviewing sexual abuse victims, proper use of the Miranda and Garrity warnings, sexual abuse evidence collection in confinement setting, criteria and evidence to substantiate a case for administrative action or prosecution referral. In 2017, the OPS PREA Unit began utilizing the National Institute of Correctional for training of newly hired investigators completion of PREA Specialized Investigators Training. Confirmation of investigators' specialized training was confirmed through a computer-generated roster identified as completed PREA Specialized Investigator Training. The OPS Investigator articulated the training completed during the interview process.

### **Standard 115.35: Specialized training: Medical and mental health care**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.35 (a)**

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? ☒ Yes ☐ No



#### 115.35 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.) ☒ Yes ☐ No ☐ NA

#### 115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? ☒ Yes ☐ No

#### 115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? ☒ Yes ☐ No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.13 Offender Sexual Abuse and Harassment; PREA Specialized Training for Medical and Mental Health Training 2016, and 2018; Interviews with the Director of Nurses; SANE Nurse; Chief of Mental Health, KCRC meet the mandate of this standard. All staff who provide health care and/or mental health services, have participated in a specialized training titled PREA-Specialized Medical/Mental Health Professional Training. The course is a 2.0 hours credit course. Staff members received training on the following topics, to include trauma-informed care, detecting and assessing signs of sexual abuse and sexual harassment, preserving physical evidence, effective and professional response, reporting and the PREA standards and understanding sexual trauma in custody. The review of medical and mental health training records by the auditors confirmed that these employees also receive the same PREA training as correctional officers and have a duty to report when they have knowledge of sexual abuse.

A certificate of completion of the Adult/Adolescent SANE Preparation and Refresher curriculum from the SANE-SART Online Clinical Learning Program with earnings of 40 hours confirmed required training for the SANE Nurse. An interview with a SANE Nurse indicated she and other SANE Nurses are assigned to conduct forensic examinations at the facility for offender on offender sexual abuse and they must

report to the facility within 4 hours of the report. SANE Nurses are required to complete refresher SANE training every 5 years also PREA refresher training on-line through DOCOTA with MDOC staff. Any allegation of sexual abuse of staff on offender would be conducted at a local hospital.

## **SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS**

### **Standard 115.41: Screening for risk of victimization and abusiveness**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.41 (a)**

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No
- Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No

#### **115.41 (b)**

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?  
☒ Yes ☐ No

#### **115.41 (c)**

- Are all PREA screening assessments conducted using an objective screening instrument?  
☒ Yes ☐ No

#### **115.41 (d)**

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?  
☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?  
☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? ☒ Yes ☐ No

#### 115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? ☒ Yes ☐ No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? ☒ Yes ☐ No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?  
☒ Yes ☐ No

#### 115.41 (f)

- Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? ☒ Yes ☐ No

#### 115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a: Referral?  
☒ Yes ☐ No

- Does the facility reassess an inmate's risk level when warranted due to a: Request?  
☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to a: Incident of sexual abuse? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to a: Receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness? ☒ Yes ☐ No

#### 115.41 (h)

- Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? ☒ Yes ☐ No

#### 115.41 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.13 Offender Sexual Abuse and Harassment; Memorandum to Wardens from Director of Adult Correctional Institutions; IS5-2.3 Offender Internal Classification; Excerpts from the Adult Internal Risk Assessment (AIRA) Manual; Completed AIRA Screening Forms, and Interviews with Intake/Staff who perform risk screening and the Offender Population, KCRC meets the mandate of this standard. A memorandum from the Director of Adult Correctional Institution addressed to Warden identified effective September 15, 2014, the AIRA would be brought on-line while identifying the use and purpose to include conducting PREA risk assessments. KCRC received 351 offenders at the facility during the past 12 months of the audit. There were 351 offenders admitted to the facility during the past 12 months whose length of stay in the facility was for 30 days or more. There were 351 offenders admitted to the facility during the past 12 months whose length of stay in the facility was for 72 hours or more. There were zero offenders at KCRC who were admitted prior to August 20, 2012. Three hundred fifty-one offenders entered the facility (either thought intake or transfer) within the past 12 months (whose length of stay in the facility was for 30 days or more) who were reassessed for their risk of sexual victimization or of being sexually abusive within 25 - 30 days after their arrival at the facility based upon any additional, relevant information received since intake. Staff who conduct the initial intake screening also conduct the offender's reassessment 25-30 days after his arrival based on

the facility requirement. Staff utilize the MOCIS assessment module on the computer which notifies us when an assessment is due. The auditor reviewed documentation of 41 initial assessments and reassessment conducted by KCRC. There were zero instances in where intake and/or staff who perform screening for risk of victimization and abusiveness (Case Managers) were delinquent in conducting the 72-hour assessment and/or the 30 days assessment. All assessment screenings were conducted in accordance to the agency's policy and PREA standard. In instances when staff does not conduct the 72-hour assessment and/or 30 day reassessment timely, staff are required to submit a memorandum to the Deputy Warden of Offender Management stating why it was not completed timely and when the assessment/reassessment while noting it has been completed and when completed. It was obvious that conducting the risk screening of offenders is one of the top priorities at KCRC. The initial screening and reassessments are conducted in a private setting in the inmate's assigned housing unit by Case Managers who are assigned these duties. The offenders who are required to be placed in the segregation unit are screened by the Case Manager assigned to that unit. The screening instrument includes whether the offender has a mental, physical, or developmental disability, the age and physical build of the offender, previously incarceration history, whether the offender's criminal history is exclusively nonviolent, prior convictions for sex offenses, whether the offender is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming, past sexual victimization, self-perception of vulnerability and civil immigration status. Offenders that are identified as potential victims are referred for a mental health evaluation. The offender's completed risk of victimization or abusiveness is maintained in the AIRA. The offender's own view of safety is addressed during the interview process. Information obtained during the initial assessment and reassessment summary is placed in the offender's classification file. These files are accessible to identified authorized staff only that includes the Case Managers, Functional Unit Managers, Warden and Deputy Warden. Information obtained during the assessments determines how offenders are scored such as Alpha (high risk of abusiveness), Kappa (low risk of abusiveness or victimization) or Sigma (high risk of victimization). Offenders are not disciplined for refusing to answer or for not disclosing complete information related to the screening questions. Interviews staff who conduct risk assessments stated they have never had an offender refuse to answer questions during the risk assessments and additional questions are asked based on the offender's responses to the yes and no questions.

## **Standard 115.42: Use of screening information**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.42 (a)**

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? ☒ Yes ☐ No

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? ☒ Yes ☐ No

#### 115.42 (b)

- Does the agency make individualized determinations about how to ensure the safety of each inmate? ☒ Yes ☐ No

#### 115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? ☒ Yes ☐ No
- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems? ☒ Yes ☐ No

#### 115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate? ☒ Yes ☐ No

#### 115.42 (e)

- Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? ☒ Yes ☐ No

#### 115.42 (f)

- Are transgender and intersex inmates given the opportunity to shower separately from other inmates? ☒ Yes ☐ No

#### 115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing:

lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No.

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.13 Sexual Abuse and Sexual Harassment; IS18-1.1 Required Activities; IS5-3.3 Transgender and Intersex Offenders; IS5-3.1 Offender Housing Assignments; Expanded Requirements of the Transgender Team; Warden's Inter-Officer Memorandum PREA Risk Score Utilized at Work Sites; Offender Placement via PREA Scoring Guidance to Staff from Warden; Memorandum from Director of Adult institutions; Interviews with Warden, PREA Site Coordinator and Staff who Perform Screening for Risk of Victimization and Abusiveness, KCRC meets the mandate of this standard. KCRC uses information from the risk assessment to make housing and bed assignments with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive. Based on information obtained during the assessment, offenders are scored as Alpha (high risk of abusiveness), Kappa (low risk of abusiveness or victimization) or Sigma (high risk of victimization). The information obtained is used by staff to make individualized determinations on how to ensure the safety of each offender. Offender housing assignments will be made in an individualized, nondiscriminatory manner and will not be made based on race, religion, nationality, political belief or sexual orientation. Offenders should be assigned to a room or bay area based on, but not limited to offender internal classification. Housing unit staff members utilize the internal classification information to designate required activities assignments for the purpose of keeping separate and/or ensuring the appropriate monitoring of those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive when working or attending programming together in accordance with institutional services procedures regarding offender internal classification.

Alpha and Sigma are not housed in the same housing unit. Upon the offenders' arrival at KCRC, all offenders are assessed for risk of sexual victimization and potential for sexual perpetration. Offenders are assigned a score of either Alpha, Kappa, or Sigma. Alpha offenders have a high potential for sexual



perpetration. Kappa offenders have no risk for either victimization or perpetration. Sigma offenders have a high risk for sexual victimization. Offenders identified as Alpha and Sigma are never assigned to the same housing unit.

KCRC has instituted a procedure for worksite supervisors to monitor offenders for risk of victimization/perpetration. A list of all Alpha offenders is available on the I-Drive in the Classification folder and will be updated daily by the Case Managers. It is the responsibility of each section head to utilize this list daily for offenders that work in their area. If any offender workers are on this list, the direct line supervisors must be notified to ensure the offenders are not assigned tasks or can work in isolated areas with other offenders not on the list. These workers are required to be directly supervised by staff to ensure the safety of the offender workforce. The Alpha list is confidential and shall not be in view of those who don't need it, especially offenders.

Although there has been zero transgender and/or intersex offenders designed at KCRC in the past 12 months, policy dictate housing would be consider on a case-by-case basis, placement would consider the offenders health and safety, and whether the placement would present management or security problems. Interviews with staff confirmed a transgender or intersex offender's own view with respect to his or her own safety would be given consideration. Since KCRC had not received any transgender offenders within the last 12 months, there were no transgender committee reports and and/or six months reassessments for review.

## **Standard 115.43: Protective Custody**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.43 (a)**

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? ☒ Yes ☐ No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? ☒ Yes ☐ No

#### **115.43 (b)**

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have Access to: Programs to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have Access to: Privileges to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have Access to: Education to the extent possible? ☒ Yes ☐ No

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have Access to: Work opportunities to the extent possible? ☒ Yes ☐ No
- If the facility restricts Access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? ☒ Yes ☐ No
- If the facility restricts Access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? ☒ Yes ☐ No
- If the facility restricts Access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? ☒ Yes ☐ No

#### 115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? ☒ Yes ☐ No
- Does such an assignment not ordinarily exceed a period of 30 days? ☒ Yes ☐ No

#### 115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety? ☒ Yes ☐ No
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? ☒ Yes ☐ No

#### 115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.13 Offender Sexual Abuse and Harassment; Involuntary Segregated Housing for Protective Custody; Directive from Director of Adult Correctional Institutions reference to offender classification; AIRS Manual; IS21-1.1 Temporary Administrative Segregation Confinement,; Interviews with Warden and Staff Assigned to Supervise Segregated Housing, KCRC meets the mandate of this standard. The agency and KCRC has policies and procedures in place that ensure offenders at high risk for sexual victimization are not placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. If an offender would be placed in involuntary segregation housing, the offender would have a review conducted by the Shift Commander, Warden and Classification Committee. Alleged victims of offender sexual abuse or offenders viewed as being at risk of victimization shall not be assigned to administrative segregation protective custody for no longer than a 30- day period. Interviewed staff indicated that if it became necessary to utilize restricted housing for this purpose, the offender would have access to programs, privileges, education, and work opportunities to the extent possible as general population and any restrictions would be document the basis for the facility's concern for the offender's safety and the reason why no alternative means of separation be arranged. Per an interview with the Warden, he confirmed offenders at high risk for sexual victimization placement in involuntary segregated housing would only utilize until other alternatives could be arranged. However none has occurred at KCRC.

## REPORTING

### Standard 115.51: Inmate reporting

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### 115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? ☒ Yes ☐ No

#### 115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
- Does that private entity or office allow the inmate to remain anonymous upon request? ☒ Yes ☐ No

- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? ☒ Yes ☐ No

#### 115.51 (c)

- Does staff Accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? ☒ Yes ☐ No
- Does staff promptly document any verbal reports of sexual abuse and sexual harassment? ☒ Yes ☐ No

#### 115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.13 Sexual Abuse and Harassment; KCRC Arrival Packet; PREA Posters and Brochure; KCRC Coordinated Response Plan; MOU with Department of Public Safety and the PREA Hotline information, D1-8.9 Crime Tips and PREA Hotlines; Agency's website; Third Party Reporting Investigative Reports; MDOC Employee Handbook; Interviews with Staff, and Offenders, KCRC meets the mandate of this standard. A variety of procedures have been established both internally and externally that allows the offenders to report sexual abuse and harassment. Offenders receive a copy of the Offender Handbook/Offender Rules during the intake process which advises them they may contact any staff member either verbally or in writing whether the alleged incident involved the reporting offender or not, call the Department's Confidential PREA Hotline, pressing "8" or dialing (573) 526-PREA (7732), write to the Missouri Department of Public Safety, Crime Victims Services Unit @ P.O. Box 49, Jefferson City, MO 65102. Confirmation of the offenders' access to the PREA Hotline was obtained during testing of the offenders' telephone system. Reports to the Missouri Department of Public Safety, Crimes Victims' Unit may be made confidentially and remain anonymous upon request. Offenders may also report allegations to third parties who in turn would contact the MDOC concerning the allegations. All allegations, including anonymous allegations, are investigated. Documentation of third-party reports of PREA allegations and investigations were reviewed. Agency policy requires staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties. KCRC does not house offenders solely for civil immigration offenses.

Staff identified several avenues in which the offenders could privately report sexual abuse/harassment that included the tips hotline, speak directly to any staff member, report to OPS Investigative staff, and/or

have a family member or friend call the facility and report for them. Staff confirmed that would document all verbal reports of sexual abuse/harassment prior to departing from their shift.

Thirty offenders were formally interviewed in addition to seven informally, all indicated they were familiar with ways to report sexual abuse or harassment allegations. Offenders indicated at least two or more of the following methods of reporting: report to staff, file a grievance, have a family member or friend report for them, write the Missouri Department of Public Safety and/or anonymously. An interview with the OPS Investigator confirmed all allegations reported to include anonymous and third party are investigated in accordance to MDOC policy and the PREA standards. An available method to reporting sexual abuse/harassment allegations for offenders is available to the public through the Agency's website at <http://doc.mo.gov/OD/PREA.php>.

## Standard 115.52: Exhaustion of administrative remedies

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.  
☐ Yes ☒ No ☐ NA

#### 115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

#### 115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

#### 115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the

90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

#### 115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

#### 115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a Substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance alleging an inmate is subject to a Substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the Substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard. ☒ Yes ☐ No ☐ NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in Substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

#### 115.52 (g)

- If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.13 Offender Sexual Abuse and Harassment; D5-3.2 Offender Grievance; D5-3.2 Offender Grievance; Interviews with offender population and Grievance Officer, KCRC meets the mandate of this standard. Offenders are informed of the grievance process during orientation. Offenders do not have a time limit imposed for submitting a grievance related to an allegation of sexual abuse. Offenders will not submit a complaint to a staff member who is the subject of the complaint. Agency policies and procedures require a decision on the merit of any grievance or portion of a grievance alleging sexual abuse to be made with 90 days of filing the grievance. Staffs are required to notify the offender in writing when the agency files for an extension, including notice of the date by which a decision will be made. MDOC authorizes assistance for filing these grievances by third parties, to include other offenders, family members, friends, attorneys, and outside advocates. The agency policies also address the offender's opportunity to file an emergency grievance alleging they are a subject to a substantial risk of imminent sexual abuse. Under these circumstances, the agency is required to issue a response to the offender within 48 hours upon receipt of the grievance and a final decision must be issued within 5 days.

An interview was conducted with the Grievance Officer. Zero grievances were filed by the offender population or on the behalf of an offender regarding a PREA allegation during the past 12 months of the



audit. Upon receipt of a grievance alleging a PREA allegation, the grievance would immediately be forwarded for investigation by the OPS Investigators. The investigative response is required to be completed within 30 days.

## **Standard 115.53: Inmate Access to outside confidential support services**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.53 (a)**

- Does the facility provide inmates with Access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrants services agencies? ☒ Yes ☐ No
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

### **115.53 (b)**

- Does the facility inform inmates, prior to giving them Access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in Accordance with mandatory reporting laws? ☒ Yes ☐ No

### **115.53 (c)**

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse? ☒ Yes ☐ No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☒ Yes ☐ No

## **Auditor Overall Compliance Determination**

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review D1.8.13 Offender Sexual Abuse and Harassment, PREA Brochures; Offender Anonymous Report Guideline; List of Available National Sexual Abuse Agencies; Interviews with the PREA Site Coordinator, OPS PREA Coordinator, KCRC meets the mandate of this standard. Offenders are provided with addresses and phone numbers to national sexual abuse agencies at the Just Detention International 3325 Wilshire Blvd., Suite 340 Los Angeles, CA.90010 (800) 223-5001, and Rape, Abuse and Incest National Network (RAINN) 1220 L Street NW, Suite 505 Washington DC.20005 (800) 656-HOPE (4673). Letters to the addresses are confidential and not subject to examination by staff. This information is posted throughout the facility accessible to the offender and staff population in both English and Spanish. The offender population were aware of the information posted throughout the facility but stated they had not utilized the services and was unaware of the services. The flyers note "Per department policy, mail will be subject to examination and phone calls may be monitored."

### **Standard 115.54: Third-party reporting**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.54 (a)**

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? ☒ Yes ☐ No

#### **Auditor Overall Compliance Determination**

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with a review of D1-8.13 Sexual Abuse and Harassment; third party reporting posters and the MDOC PREA Policy Web Page (<http://www.doc.mo.gov/OD/PREA/PREA.php.html>) were reviewed and meets the mandate of this standard. The PREA link on the website provides information on third party reporting of alleged PREA incidents. The information on the web site encourages third parties to report allegations to call 573-526-9003; write PREA Unit Missouri Department of Corrections 2728 Plaza Drive Jefferson City, MO 65109 and/or Emailing DOC.PREA@doc.mo.gov. This information is included in the PREA brochures which are provided to each offender. Interviews with random staff and random offenders confirmed allegations of sexual abuse and/or sexual harassment of offenders could be reported by third party to include family, friends and other associates.

## OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

### Standard 115.61: Staff and agency reporting duties

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### 115.61 (a)

- Does the agency require all staff to report immediately and According to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and According to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and According to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?  
☒ Yes ☐ No

#### 115.61 (b)

- Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? ☒ Yes ☐ No

#### 115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? ☒ Yes ☐ No

#### 115.61 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? ☒ Yes ☐ No

#### 115.61 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third party and anonymous reports, to the facility's designated investigators? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.13 Offender Sexual Abuse and Harassment; D2-11.10 Staff Member Conduct; Coordinate Response for KCRC; Memorandum From Warden; Third Party, Verbal and Anonymously Reported PREA Allegations; IS11-32 Receiving Screening-Intake Center; Missouri Revised Statutes Chapter 217 Department of Corrections Section 217.410; Meeting Minutes of PREA Staff Meeting; Missouri Revised Statutes Chapter 630 Department of Mental Health Section 630.005; KCRC Coordinated Response Plan, and Interviews with Medical and Mental Health Staff, KCRC meets the mandate of this standard. In accordance with policy, interviews with random and specialized staff, all were aware of their responsibility to immediately report and document any knowledge or suspicion of violation of this standard to include those by third party and/or anonymous to their immediate supervisor, Shift Commander or higher-ranking staff. All staff, volunteers, and contractors are to immediately report any knowledge, suspicion, or information regarding an incident of sexual of sexual abuse/harassment that occurred and any knowledge of retaliation against offenders or staff who reported such an incident and any staff member's neglect or violation of responsibilities that may have contributed to an incident or retaliation in reference to cooperating with the investigation. Those staff interviewed, indicated they would report all knowledge of PREA allegations on any and all staff without consideration of another's supervisory position or relationship with a co-worker.

Staff were knowledgeable of the agency's policy that prohibits them from discussing information related to sexual abuse reports with anyone other than those to the extent necessary such as those who perform medical and mental health treatment, conduct investigations, and other security and management decisions.

Policy is in place to ensure unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners are required to report sexual abuse pursuant to the first paragraph of this section and to inform offenders of the practitioner's duty to report and the limitations of confidentiality at the initiation of services. Interviews with the Chief Mental Health Administrator, SANE Nurse, and Director of Nurses, each advise the offender at the initiation of services in their limitations of confidentiality and their duty to

report. Staff reported they are required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to a designated supervisor or official immediately upon learning of it. KCRC does not house any offenders under the age of 18.

KCRC has not had any medical or mental health staff reporting PREA events within the last 12 months.

## Standard 115.62: Agency protection duties

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### 115.62 (a)

- When the agency learns that an inmate is subject to a Substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

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In accordance with the review of D1-8.13 Offender Sexual Abuse and Harassment; IS5-2.3 Offender Internal Classification; Directive Segregated Housing for Protective Custody, and Interview with the Warden, KCRC meets the mandate of this standard. The agency has policies and procedures in place in where staff are trained to ensure upon their awareness an offender is subject to a substantial risk of imminent sexual abuse, immediate actions are taken to protect the offender. The auditors presented random staff with a variety of scenarios for a response to their actions upon becoming aware an offender is subject to a substantial risk of imminent sexual abuse. Each staff member interviewed confirmed they would immediately remove the offender from the area of threat and notify their security supervisor and await further guidance. Staff confirmed under no circumstances would they not take immediate actions of removing the offender under such conditions. Per the Warden, the offender at risk of substantiated risk of sexual abuse would be immediately moved from the area of threat. Necessary measures would be taken to provide protection for the offender. Each incident would be evaluated on a case by case basis depending on the circumstances. An offender housing and job assignments could be changed and/or one of the offenders could be transferred based on the nature of the reported allegation and the potential harm to the offender identified at risk of imminent sexual abuse.

## Standard 115.63: Reporting to other confinement facilities

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### 115.63 (a)

- Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? ☒ Yes ☐ No

#### 115.63 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? ☒ Yes ☐ No

#### 115.63 (c)

- Does the agency document that it has provided such notification? ☒ Yes ☐ No

#### 115.63 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in Accordance with these standards? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.13 Offender Sexual Abuse and Harassment; Memorandum from Warden and Interviews with Warden, OPS PREA Coordinator, and PREA Site Coordinator, KCRC meets the mandate of this standard. When receiving an allegation that an offender alleges occurred at another Missouri Department of Corrections facility, KCRC initiates a coordinated response for offender sexual abuse. All relevant information is then immediately forwarded to the site coordinator of the facility where the abuse was alleged to have occurred. If the abuse is alleged to have occurred at a facility outside of the Missouri Department of Corrections, a coordinated response is initiated and forwarded to the PREA coordinator within 72 hours and OPS PREA Unit for investigation. KCRC has not received any allegations of sexual abuse that occurred another facility.

### Standard 115.64: Staff first responder duties

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser? ☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? ☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

#### 115.64 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.13 Sexual Abuse and Harassment; Prison Rape Elimination Act (PREA) - MDOC Basic Training Section of First Responder; Copies of PREA Allegation Notification Checklist- Institution; KCRC Coordinated Response Protocol; Interviews with Supervisory Staff, Random Staff, Warden, and PREA Site Coordinator, KCRC meets the mandate of this standard. Policies are in place to ensure upon learning of an allegation that an offender was sexually abused, the first staff member to respond to the report shall be required to: 1) separate the alleged victim and abuser; 2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; 3) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any action that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking,



drinking, or eating; and 4) If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating defecating, smoking, drinking or eating.

In the past 12 months there were six allegations of sexual abuse reported at KCRC that included allegations of staff on offender. There were zero incidents in which security staff and/or non-security staff served as a first responder where the alleged victim was requested to not take any actions that could destroy physical evidence. Both security staff and non-security are trained to serve as first responders to allegations of sexual abuse. Security staff and non-security staff interviewed confirmed their understanding of the agency's Coordinated Response Protocol and their understanding in acting as a first responder. The auditors introduced different scenarios to staff during the interview process that allowed staff to respond to different events in which they would serve as a first responder. All staff to include security and non-security articulated the response protocol duties as noted in policy while notifying the Shift Commander and/or their immediate supervisor. Security staff and non-security staff are issued PREA cards to utilize as a reference when serving as a first responder. Staff maintained possession of these cards and presented them to the auditors during the interview process.

## Standard 115.65: Coordinated response

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.65 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with a review of PREA Allegation Notification Checklist – Institution; Coordinated Response for KCRC; D1-8.13 Sexual Abuse and Sexual Harassment; Interviews with Random and Specialized Staff, Warden, PREA Site Coordinator, OPS PREA Coordinator, KCRC meets the mandate of this standard. The KCRC Coordinated Response Plan coordinates the actions taken in response to an incident of sexual abuse among first responders, security, facility leadership, and victim advocate. Staff first responders, medical and mental health practitioners, investigators, and facility leadership have designated roles. The Protocol list provides guidance for the reporting of various allegations that include: Definitions; Basic Roles & Responsibilities; Penetration/ Sexual assault Exam; Penetration/ No Sexual

assault Exam; Non-penetration Events; Penetration Events; Sexual Harassment; Exceptions and Resources.

## **Standard 115.66: Preservation of ability to protect inmates from contact with abusers**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.66 (a)**

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? ☒ Yes ☐ No

### **115.66 (b)**

- Auditor is not required to audit this provision.

### **Auditor Overall Compliance Determination**

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D2-11.6 Labor Organizations; Final Agreement between The State of Missouri Office of Administration, The Department of Corrections Division of Adult Institutions, and Missouri Correctional Officer Association (MOCOA), and Interviews with the Warden, Director of Adult Correctional Institutions, OPS PREA Coordinator, PREA Site Coordinator, KCRC meets the mandate of this standard. MDOC currently does not have a Union. MDOC will not enter into or renew any collective bargaining agreements or other agreements that limit the department's ability to remove alleged staff sexual abusers from contact with any offender or offender pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. The facility can remove alleged staff sexual abusers from contact with any offenders or place an employee on administrative leave pending the outcome of an investigation and is compliant with this standard.

## **Standard 115.67: Agency protection against retaliation**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### 115.67 (a)

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? ☒ Yes ☐ No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

#### 115.67 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? ☒ Yes ☐ No

#### 115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? ☒ Yes ☐ No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

#### 115.67 (d)

- In the case of inmates, does such monitoring also include periodic status checks? ☒ Yes ☐ No

#### 115.67 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation? ☒ Yes ☐ No

#### 115.67 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.13 Offender Sexual Abuse and Harassment, Assessment/Retaliation Status Checklist, Interviews with Director of Adult Institutions, Staff Assigned to Monitor Retaliation, and Warden, KCRC meets the mandate of this standard. The Functional Unit Managers are assigned to conduct retaliation monitoring for offenders who are assigned to their respective housing unit. The PREA Site Coordinator is assigned to conduct staff retaliation monitoring. Interviews with staff assigned to monitor retaliation confirmed the initiation of monitoring begins after the allegation has been reported. After the initial contact, emotionally support services and monitoring is continued 30 days from the initial contact, followed by 60 days and 90 days. A multiple of protection measures are made following any retaliation claims that includes gathering evidence to confirm or rebuke the claims. If deemed necessary, staff will be temporarily reassigned, or the offender will be moved to another housing location. Offenders are monitored for housing changes, program changes,

disciplinary reports, and negative performance reviews by staff, treatment of offenders who reported the sexual abuse to see if there are changes that may suggest retaliation by offenders or staff. If the victim expresses fear of retaliation, monitoring will continue for an additional 90-day period or until the victim or reporter is no longer in fear of retaliation or if the investigation or inquiry is unfounded.

The auditors confirmed retaliation monitoring was completed for the three sexual abuse investigations for staff on offender with a finding of substantiated and two sexual harassment investigations for staff on offender with the finding of unsubstantiated. The remaining investigations were determined as Unfounded and/or pending. Retaliation monitoring was properly documented by the assigned Retaliation Monitors and ended at 90 days when the threat of retaliation no longer existed. Staff documented meeting dates with staff and offenders and conversations held while addressing any concerns they may have on the Assessment/Retaliation Status Checklist. There were zero reports of retaliation by staff and/or offenders

## Standard 115.68: Post-allegation protective custody

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### 115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.13 Offender Sexual Abuse and Harassment; Directive Segregated Housing for Protection; y Protocol, Interviews with Staff assigned to Supervise Segregated Housing, and Warden, KCRC meets the mandate of this standard. The agency has policies and procedures in place that offenders at high risk for sexual victimization are not placed in involuntary segregated housing unless an assessment of all available alternatives is available. If an offender would be placed in involuntary segregation housing, the offender would have a review conducted by the Shift Commander, Warden and Classification Committee. Alleged victims of sexual abuse or offenders viewed as being at risk of victimization should not be assigned to administrative segregation protective custody for no longer than a 30-day period. Per an interview with the Warden, segregated housing has not been utilized to protect an offender who have alleged to suffered sexual abuse subject to the requirements of 115.43 in the past 12 months of the audit due to other available housing.

## INVESTIGATIONS

### Standard 115.71: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

#### 115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? ☒ Yes ☐ No

#### 115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☒ Yes ☐ No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?  
☒ Yes ☐ No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ☒ Yes ☐ No

#### 115.71 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? ☒ Yes ☐ No

#### 115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? ☒ Yes ☐ No

- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? ☒ Yes ☐ No

#### 115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? ☒ Yes ☐ No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? ☒ Yes ☐ No

#### 115.71 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? ☒ Yes ☐ No

#### 115.71 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? ☒ Yes ☐ No

#### 115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? ☒ Yes ☐ No

#### 115.71 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? ☒ Yes ☐ No

#### 115.71 (k)

- Auditor is not required to audit this provision.

#### 115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

### Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)



☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with a review of Directive D1-8.1 Office of Professional Standards; OPS Investigative Staff Training Records, Reported Allegation of Sexual Abuse; Review of Investigative Files, Agency Record Retention Schedule; Interviews with Director of Adult Institutions, OPS PREA Coordinator, OPS Investigator, and Warden, KCRC meets the mandate of this standard. A computer-generated roster documented completed specialized training of all OPS Investigators who are authorized to conduct administrative and criminal investigations of sexual abuse and sexual abuse within MDOC. The auditors reviewed the 6 completed investigative files that included a variety of substantiated, unsubstantiated, and unfounded findings. An interview with the OPS Investigator and review of the investigative files confirmed the collection of evidence to support the finding of each investigation. The investigations were thorough and the investigative files contained interviews with alleged victims, suspected perpetrators, and witnesses, any available physical evidence, video monitoring, pictures, background of both the alleged victim and alleged perpetrator, whether staff actions or failure to act contributed to the abuse, review of prior complaints of sexual abuse involving the suspected perpetrator. The credibility of an alleged victim, suspect, or witness is assessed on an individual basis and not determined by the person's status as an offender or staff. Offenders who allege sexual abuse are not required to submit to a polygraph examination or other truth telling device as a condition for proceeding with the investigation of such an allegation. Additionally, the departure of the alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation. During three investigations of staff on offender sexual abuse, the three staff members resigned prior to the completion of the investigation. Although the findings of the cases were determined to be substantiated, there was insufficient evidence for criminal referral to prosecution. All investigative files are retained for 90 years.

## Standard 115.72: Evidentiary standard for administrative investigations

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report 115.72 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with D1-8.13 Offender Sexual Abuse and Harassment, and interview with the OPS Investigator, the agency imposes no standard higher than a preponderance of the evidence whether allegations of sexual abuse or sexual harassment are substantiated. KCRC meets the mandate of this standard

## Standard 115.73: Reporting to inmates

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### 115.73 (a)

- Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? ☒ Yes ☐ No

### 115.73 (b)

- If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) ☐ Yes ☐ No ☒ NA

### 115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer posted within the inmate's unit? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer employed at the facility? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever:

The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

#### 115.73 (d)

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No
- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

#### 115.73 (e)

- Does the agency document all such notifications or attempted notifications? ☒ Yes ☐ No

#### 115.73 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review MDOC Policy D1-8.13; Review of Completed Investigation Files; PREA Alleged Sexual Abuse by Staff Member Notifications; PREA Alleged Sexual Abuse by Offender Notifications; and Interviews with Warden, OPS Investigator, PREA Site Coordinator, OPS PREA Coordinator, KCRC meet the requirements of this standard. Procedures are in place to notify the offender and/or staff upon closure of the investigation the determined findings of substantiated, unsubstantiated, or unfounded sexual abuse investigations. The OPS Investigator (PREA Unit) provides notification to each MDOC facility of their investigative findings. The PREA Unit is tasked with drafting the offender/staff notification letters within 30 days from the date an investigation is closed. The notification letter is forwarded to the PREA Site Coordinator at the facility where the offender/staff is assigned. The PREA Site Coordinator/designee meets with the offender/staff, request they sign the notification and offers a copy to them. The PREA Site Coordinator then returns the signed notification to the PREA Unit to be maintained within the official investigative file.

The Functional Unit Managers are assigned to deliver the notification to staff and offenders. All notifications are in writing, documented and signed by the offender and/or staff receiving the finding notification and the staff member issuing the findings. There were six allegations of sexual abuse reported. The review of offenders and staff signatures on the notification forms confirmed compliance with this standard. Two allegations of sexual abuse remained pending. Offenders are not discipline for refusing to sign. In the event an investigation is conducted by an outside agency, the OPS PREA Unit will request relevant information from the outside agency in order to inform the offender of the outcome of the investigation. However, there were zero investigations completed by an outside agency.

## Standard 115.76: Disciplinary sanctions for staff

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.76 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? ☒ Yes ☐ No

#### 115.76 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? ☒ Yes ☐ No

#### 115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? ☒ Yes ☐ No

#### 115.76 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.13 Offender Sexual Abuse and Harassment; D2-11.10 Staff Member Conduct: DORS PREA Log for Staff and Contract Staff; Review of Completed Investigative Files, Interviews with Warden, OPS PREA Coordinator, PREA Site Coordinator, KCRC meets the mandate of this standard. Policy address disciplinary sanctions of employees up to removal for PREA related issues. Staff members are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse/harassment procedures. Termination from the agency will be the presumptive disciplinary action for staff members who have engaged in sexual abuse. All termination for violations or the resignation of a staff member, who would have been terminated if not for their resignation, will be reported to relevant licensing or accreditation bodies and law enforcement. Per Warden, staff would be placed on no contact with offenders until cleared by the OPS Investigators. Staff interviews revealed an awareness of the agency's zero tolerance policy and disciplinary procedures that pertains to sexual abuse and sexual harassment. Three staff resigned prior to the completion of the investigation in each the findings were determined as substantiated. Therefore, staff were not discipline or terminated for violation of agency zero tolerance of sexual abuse prior to their resignation.

## Standard 115.77: Corrective action for contractors and volunteers

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### 115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? ☒ Yes ☐ No

### 115.77 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates? ☒ Yes ☐ No

## Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.13 Offender Sexual Abuse and Harassment and D2-13.1 Volunteers, Interviews with Contract Staff, Volunteers, and Warden, KCRC meets the mandate of this standard. MDOC has a zero-tolerance involving sexual abuse and sexual harassment of offenders by contractors and volunteers. The policies outline criminal actions taken in the event a volunteer or contractor sexual abuses or participates in sexual harassment. These policies also require that contractors or volunteers who commit the prohibited act of engaging in sexual abuse are reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Per the Warden, in regard to sexual abuse allegations made against a VIC, visitation would be suspended and placed on no offender contact until a determination of findings through the OPS Investigator. Regarding contract staff, it would depend on the allegation reported and could result in no offender contact. All investigative finding of Substantiated would result in the termination of services and those applicable would be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Interviews were conducted with two (2) volunteers and three (3) contractors, and all were aware of the policies as outlined. KCRC reported there were zero incidents reported of volunteers and/or contractors engaging in sexual abuse of an offender since the past twelve months.

## Standard 115.78: Disciplinary sanctions for inmates

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### 115.78 (a)

- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process? ☒ Yes ☐ No

### 115.78 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories? ☒ Yes ☐ No

### 115.78 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior? ☒ Yes ☐ No

#### 115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of Access to programming and other benefits? ☒ Yes ☐ No

#### 115.78 (e)

- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact? ☒ Yes ☐ No

#### 115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? ☒ Yes ☐ No

#### 115.78 (g)

- Does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.) ☒ Yes. ☐ No. ☐ NA

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with a review of Directive D1-8.13 Offender Sexual Abuse and Harassment; Directive – Disciplinary Sanctions and Mental Health; IS19-1.1 Conduct Rules & Sanctions; Mental Health Notification/Sexual Assault Conduct Violation Letter; Memorandums of Facts. KCRC meets the mandate of this standard. Policy outline disciplinary sanctions that may be imposed on offenders who engage in



sexual abuse and sexual harassment. Offenders are subject to discipline internally for inmate on inmate sexual abuse. Inmates are only disciplined for sexual relations with staff in cases where it is determined to be without consent from staff. All acts of sexual activities between offenders are prohibited and offenders determined to have committed this act will receive discipline, but only under the findings that the act was not coerced by staff or other offenders. Disabilities and mental illness factors contributing to the acts of an offender's participation in sexual activities will be considered during the discipline process. An offender reporting an allegation of sexual abuse in good faith, in which the finding was determined not to be substantiated, will not receive discipline for making the report. If an offender is found to be guilty of sexual abuse, the offender will be referred to appropriate treatment (therapy, counseling) by mental health staff members, as available, in accordance with divisional and institutional services procedures regarding conduct violations and disciplinary sanctions. This procedure was confirmed during an interview with the Chief of Mental Health. In the past twelve months, KCRC has had no substantiated investigations to utilize Mental Health input forms. KCRC has had no incidents where an offender was issued a conduct violation for sexual contact with staff after a finding that the staff member did not consent to such contact. There were zero allegations of sexual abuse and/or sexual harassment reported for offender on offender. There were zero disciplinary sanctions imposed on the offender population for Substantiated PREA allegations.

## MEDICAL AND MENTAL CARE

### Standard 115.81: Medical and mental health screenings; history of sexual abuse

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

##### 115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)  
☒ Yes ☐ No ☐ NA

##### 115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) ☒ Yes ☐ No ☐ NA

##### 115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure

that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? ☒ Yes ☐ No

#### 115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? ☒ Yes ☐ No

#### 115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of MDOC PREA Risk Assessment Manual; Mental Health Log; Informed Consent for Mental Health Treatment Services; D1-8.13 Offender Sexual Abuse and Harassment; IS11-32 Receiving Screening- Intake Center, KCRC meet the requirement of this standard. Offenders at KCRC are offered follow up meetings with medical or mental health professionals if they disclosed any prior sexual victimization. This is also offered to offenders who have previously perpetrated sexual abuse. SOP DI-8.13 Offender Sexual Abuse and Harassment, page 10, Section III (C) (5) states, If the screening indicates that an offender has experienced prior sexual victimization, whether it occurred in a correctional setting or in the community, staff members shall ensure that the offender is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. If the screening indicates that an offender has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff members shall ensure that the offender is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. Medical and mental health practitioners and documentation confirmed they obtain informed consent from offenders at the initiation of providing services to offender regards reporting information about prior sexual victimization that did not occur in an institutional setting.

IS11-32 Receiving Screening – Intake Center, pages 4 -5, Section III (B) states, if during the screening, the offender reports being sexually abused within the last 72 hours or if a forensic exam is deemed medically necessary, the coordinated response to offender sexual abuse will be initiated in accordance with departmental procedures regarding offender sexual abuse and harassment. If the screening

indicates the offender has experienced prior sexual victimization and a forensic exam is not deemed medically necessary, the coordinated response protocol will not be initiated, and the offender will be offered a follow-up meeting with a medical and/or mental health practitioner within 14 days of the intake screening. If the screening indicates the offender has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff members shall ensure that the offender is offered a follow-up meeting with a qualified mental health practitioner within 14 days of the intake screening. Policy mandates that all information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff, as necessary, to allow for informed decisions for treatment plans, security and management decisions. Health services staff confirmed an informed consent is obtained from offenders in accordance with institutional services regarding informed consent at the initiation of services before reporting information about prior sexual victimization that did not occur in an institutional setting.

KCRC has had zero instances in where consent to report history forms for prior sexual victimization that did not occur in an institutional setting.

## **Standard 115.82: Access to emergency medical and mental health services**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.82 (a)**

- Do inmate victims of sexual abuse receive timely, unimpeded Access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners According to their professional judgment? ☒ Yes ☐ No

#### **115.82 (b)**

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? ☒ Yes ☐ No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

#### **115.82 (c)**

- Are inmate victims of sexual abuse offered timely information about and timely Access to emergency contraception and sexually transmitted infections prophylaxis, in Accordance with professionally Accepted standards of care, where medically appropriate? ☒ Yes ☐ No

#### **115.82 (d)**

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? ☒ Yes ☐ No

### **Auditor Overall Compliance Determination**

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.13 Sexual Abuse and Sexual Harassment; Sexual Assault Allegation Notification Form; KCRC Coordinated Response Protocol; Medical Accountability Records System; Corizon Health Contractual Requirements; Correspondence from Corizon Health Regional Director of Nursing; Interviews with Director of Nurses, SANE Nurse and Chief of Mental Health Sexual Assault Nursing Protocol; Skills Competency Sexual Assault Nurse Examine; SANE-SART Online Clinical Lesson Plan, Medical Referrals, KCRC meets the mandate of this standard. Policies are in place to ensure offender victims of sexual abuse receive timely unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. Emergency medical treatment is provided at the facility. Per the Regional Director of Nursing with Corizon Health nursing protocols are available to guide the nurses in the event of a reported sexual assault. Two protocols are in place, one is used when the report is received and another when the patient completes the forensic examination. The providers use their professional and clinical judgment to determine if and what prophylaxis is indicated. Corizon, the department's medical provider, has certified Sexual Assault Nurse Examiners. These nurses are on a rotation schedule by region. The agency does not employ a full time Corizon SANE Nurse. However, the Shift Commander will notify the Corizon SANE Nurse who is on-call. The SANE Nurse is required to report to the facility within four hours. Forensic medical examination involving offender on offender are conducted at KCRC. Forensic medical examinations involving staff on offender are conducted Truman Medical Centers 2301 Holmes St. Kansas City, MO 64108. In the event of an allegation report of a penetration event within 72 hours of the event, mental health staff will respond within 2 hours of notification, or the offender's return from a medical outcount (if necessitated).

All security and non-security first responders are required to immediately make notification of sexual abuse allegations to a security supervisor/shift commander. The shift commander is responsible for making all notifications to include the Director of Nurses and Chief of Mental Health. Medical and mental health staff maintain secondary materials (e.g., form, notes) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided the appropriate response by medical staff who provides 24 hours coverage, and the provision of appropriate and timely information and services concerning sexually transmitted infection prophylaxis. Treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

## **Standard 115.83: Ongoing medical and mental health care for sexual abuse victims and abusers**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.83 (a)**

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? ☒ Yes ☐ No

**115.83 (b)**

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? ☒ Yes ☐ No

**115.83 (c)**

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? ☒ Yes ☐ No

**115.83 (d)**

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) ☐ Yes ☐ No ☒ NA

**115.83 (e)**

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely Access to all lawful pregnancy related medical services? (N/A if all-male facility.) ☐ Yes ☐ No ☒ NA

**115.83 (f)**

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? ☒ Yes ☐ No

**115.83 (g)**

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? ☒ Yes ☐ No

**115.83 (h)**

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail. ☒ Yes ☐ No ☐ NA

**Auditor Overall Compliance Determination**

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.13 Sexual Abuse and Sexual Harassment; KCRC Coordinated Response Protocol and Corizon Health Contractual Requirements; Mental Health Log, KCRC meet the mandate of this standard. Policies are in place to offer medical and mental health evaluation and, as appropriate, treatment to all offenders who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. KCRC is a male correctional facility and does not house female offenders. Review of files indicates that the evaluation and treatment is offered and documented per policy. Ten allegations of alleged sexual abuse were reported to have occurred at KCRC. Each of the offenders were referred to mental health. All offenders received an assessment within three days of the referral. The evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody; the facility provides such victims with medical and mental health services consistent with the community level of care and offender victims of sexual abuse while incarcerated are offered test for sexually transmitted infections as medically appropriate. Treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Medical care is available 24 hours and mental health staff are on call 24 hours and can report to the facility within two hours.

KCRC has not had a substantiated investigation where an offender was found guilty of offender's sexual abuse. However, the Chief of Health Mental confirmed treatment would be offer but not mandated to accept.

## DATA COLLECTION AND REVIEW

### Standard 115.86: Sexual abuse incident reviews

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### 115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? ☒ Yes ☐ No

#### 115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation?  
☒ Yes ☐ No

#### 115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? ☒ Yes ☐ No

#### 115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? ☒ Yes ☐ No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☒ Yes ☐ No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? ☒ Yes ☐ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts?  
☒ Yes ☐ No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance Coordinator?  
☒ Yes ☐ No

#### 115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)



In accordance with the review of D1-8.13 Sexual Abuse and Sexual Harassment; Review of PREA Sexual Abuse Debriefing Reports, Interviews with a Member of the Incident Review Team/PREA Site Coordinator and Warden, OPS PREA Coordinator, KCRC meets the mandate of this standard. MDOC policy requires a sexual abuse incident review must be conducted within 30 days of the conclusion of investigations, unless the allegation is determined to be unfounded. A sexual abuse incident debriefing is not required on offender sexual harassment investigations or inquiries or if the investigation or inquiry is determined to be unfounded. There were four sexual abuse investigations completed during the past 12 months of the audit. Three were determined to be substantiated and one was determined to be unfounded. The sexual abuse debriefing included upper-level management officials, investigators, and medical or mental health practitioners, and input from line supervisor. The final review of debriefing is submitted to the OPS PREA Coordinator, CAO, and Assistant Division Director. The debriefings included all measures of this standard. Interview with the Warden indicated the facility would look at any recommendations that resulted from the review or document the reasons for not making the implementations. There were no recommendations made for improvement in the past 12 months of the PREA audit. The debriefings included the name of the victim, assailant, staff members involved in the briefing, date and time of the incident, what occurred, location of the incident, housing information, was the allegation motivated by race, ethnicity or sexual orientation, information on the coordinated response, information retaining to a forensic exam when applicable, mental health consultation. This information is also included in the facility's annual report.

## **Standard 115.87: Data collection**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.87 (a)**

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? ☒ Yes ☐ No

#### **115.87 (b)**

- Does the agency aggregate the incident-based sexual abuse data at least annually? ☒ Yes ☐ No

#### **115.87 (c)**

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? ☒ Yes ☐ No

#### **115.87 (d)**

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? ☒ Yes ☐ No

#### **115.87 (e)**

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) ☒ Yes ☐ No ☐ NA

#### 115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) ☒ Yes ☐ No ☐ NA

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.13 Offender Sexual Abuse and Harassment; Incident Data for 2014, 2015, 2016; Incident Date 2017 and 2018, Survey of Sexual Violence Summary Report 2016; Interviews with the Director of Adult Correctional Institutions, Warden and OPS PREA Coordinator, KCRC meets the mandate of this standard. Data needed to complete the annual Survey of Sexual Violence is collected in the Corrections Information Network [COIN] system. Policy D1-8.13 Offender Sexual Abuse and Harassment states, each facility shall utilize information from the offender sexual abuse debriefings to prepare an annual report to be submitted to the department's PREA coordinator by the last working day in March.

The report includes: 1) identified problem areas, 2) recommendations for improvement, 3) corrective action taken, 4) if recommendations for improvements were not implemented, reasons for not doing so, 5) a comparison of the current year's data and corrective actions with those from prior years, and an assessment of the facility's progress in address sexual abuse, 6) an evaluation of the need for camera and monitoring systems, 7) in consultation with the PREA site coordinator; assessment determination, and documentation of whether adjustments are needed to the staffing plan, the deployment of video monitoring and the resource availability to adhere to the staff plan. The yearly report is submitted to the Division Director and the OPS PREA Coordinator no later than the last working day in March. The PREA coordinator shall prepare an annual report compiling each facility's current year's data and corrective actions. The report shall include a comparison with prior year's data, corrective actions, and an assessment of the department's progress in addressing offender sexual abuse. The report shall be forwarded to the department director for approval by the last working day in May."

The MDOC PREA Annual Report is published on the MDOC website at <https://doc.mo.gov/programs/PREA/>. The report contains information on the progress the agency has made in the PREA program, a trend analysis of all investigations in the state and correction actions for each facility. The data is collected monthly and reported annually.

## Standard 115.88: Data review for corrective action

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? ☒ Yes ☐ No

#### 115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse ☒ Yes ☐ No

#### 115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? ☒ Yes ☐ No

#### 115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.13 Sexual Abuse and Harassment, KCRC Annual PREA Report for 2015, 2016, 2017 and 2018; and MDOC PREA Annual Reports posted on the Agency's website were reviewed and meet the requirement of this standard. The agency's policy requires the PREA Analyst to prepare and aggregate data collected throughout the agency. Each year an annual report is prepared that includes all identified noted problems within each facility while applying corrective actions for each area identified throughout the agency as a whole. The annual report includes a comparison of the current year's data and corrective actions with prior years and provides an assessment of progress in addressing sexual abuse. The Chief Administrative Officer, OPS PREA Coordinator or Agency Director edits specific material from the reports when publication would present clear and specific threat to the safety and security of a facility. The Chief Administrative Officer or designee PREA Coordinator indicates the nature of the material edited. A review of the annual reports confirmed no personal identifiers are included in the report prior to publishing on the agency website. The MDOC Annual Report on Sexual Victimization is posted on the Agency's website and available for review at <http://www.doc.mo.gov/OD/PREA.php>.

## **Standard 115.89: Data storage, publication, and destruction**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.89 (a)**

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained? ☒ Yes.  
☐ No

#### **115.89 (b)**

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? ☒ Yes ☐ No

#### **115.89 (c)**

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? ☒ Yes ☐ No

#### **115.89 (d)**

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? ☒ Yes ☐ No

### **Auditor Overall Compliance Determination**

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.13 Sexual Abuse and Harassment; PREA Annual Report and the Agency's PREA Website, the agency meets the mandate of this standard. MDOC policy requires the agency to prepare an annual report. Problem areas of concern and corrective actions are included in the annual reports for each facility throughout the Agency. A comparison of the current year's data and corrective actions with those from prior years and provides an assessment of progress in addressing sexual abuse. MDOC data is retained for at least 90 years and is secured by Office of Professional Standards and PREA Analyst. The Agency ensures all personal identifiers are removed before publishing the reports. The annual report is posted on the MDOC website at <http://www.doc.mo.gov/OD/PREA.php> for review by the public. A review of the agency's website confirmed PREA Annual Reports were posted from 2010 through 2016. No identifiable markers were noted in the reports.

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) ☐ Yes ☒ No

#### 115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) ☐ Yes ☒ No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the second year of the current audit cycle.) ☐ Yes ☐ No ☒ NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency,

were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) ☒ Yes ☐ No ☐ NA

#### 115.401 (h)

- Did the auditor have Access to, and the ability to observe, all areas of the audited facility? ☒ Yes ☐ No

#### 115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? ☒ Yes ☐ No

#### 115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, offenders, and detainees? ☒ Yes ☐ No

#### 115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

The auditors reviewed the MDOC web page at <https://doc.mo.gov/programs/PREA/PREA-audits/2018> containing the audit reports for PREA audits completed. The auditors verified that MDOC since beginning in audit year 3 of cycle 1, has ensured that at least one-third of each facility type operated by the Agency was and/or is scheduled to be audited

The auditors were granted access to all areas of the facility and the ability to observe practices and procedures of staff and the offender population during the site visit. There was no hesitation in the receipt of requested documentation and copies requested by the auditors. The auditors were provided separate private office space to both offender and staff interviews in a private setting.

The auditors received zero correspondences from the offender population. An interview the mail room staff indicated the mail addressed to auditors would have been treated in the manner of legal mail.

## Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued). ☒ Yes ☐ No. ☐ NA

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

The MDOC website <http://www.doc.mo.gov/OD/PREA.php> confirms that the agency ensures that all previous PREA Final Reports from the correctional facilities within its jurisdiction are published on the Agency's website within 90 days after the final report is issued by the auditor. MDOC meets the requirement of this standard.



## AUDITOR CERTIFICATION

I certify that:

- ☒ The contents of this report are accurate to the best of my knowledge.
- ☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- ☒ I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Debra D. Dawson

July 12, 2019

**Auditor Signature**

**Date**

# Prison Rape Elimination Act (PREA) Audit Report

## Adult Prisons & Jails

☐ Interim ☒ Final

Date of Report July 11, 2019

### Auditor Information

Name: Debra D. Dawson	Email: dddawsonprofessionalaudits@gmail.com
Company Name: 3D PREA Auditing & Consulting, LLC	
Mailing Address: P.O. Box 5825	City, State, Zip: Greenwood, FL 32443
Telephone: 850-209-4878	Date of Facility Visit: May 28-.29, 2019

### Agency Information

Name of Agency:	Governing Authority or Parent Agency (If Applicable):		
Missouri Department of Corrections	State of Missouri		
Physical Address: 2729 Plaza Drive	City, State, Zip: Jefferson City, Missouri 65109		
Mailing Address: P.O. Box 263	City, State, Zip: Jefferson City, Mo.65102		
Telephone: 573 751-2389	Is Agency accredited by any organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal

Agency mission: Improving Lives for Safer Communities.

Agency Website with PREA Information: <http://doc.mo.gov/programs/PREA>

### Agency Chief Executive Officer

Name: Anne L. Precythe	Title: Director
Email: Anne.Precythe@doc.mo.gov	Telephone: 573 751-2389

### Agency-Wide PREA Coordinator

<b>Name:</b> Vevia Sturm	<b>Title:</b> Missouri Office of Professional Standard (OPS) PREA Coordinator
<b>Email:</b> Vevia.Sturm@doc.mo.gov	<b>Telephone:</b> 573 5751-2389

<b>PREA Coordinator Reports to:</b>  Matt Briesacher Office of Professional Standards	<b>Number of Compliance Coordinators who report to the PREA Coordinator.</b> 0
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### Facility Information

<b>Name of Facility:</b> Maryville Treatment Center			
<b>Physical Address:</b> 30227 US Hwy 136			
<b>Mailing Address (if different than above):</b>			
<b>Telephone Number:</b> (660)582-6542			
<b>The Facility Is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
<b>Facility Type:</b>	<input type="checkbox"/> Jail		<input checked="" type="checkbox"/> Prison
<b>Facility Mission:</b> Our mission is to return recovering offenders to society as productive, responsible and law-abiding citizens.			
<b>Facility Website with PREA Information:</b> <a href="http://doc.mo.gov/programs/PREA">http://doc.mo.gov/programs/PREA</a>			

### Warden/Superintendent

<b>Name:</b> Gaye Colborn	<b>Title:</b> Warden
<b>Email:</b> gaye.colborn@doc.mo.gov	<b>Telephone:</b> (660) 582-6542

### Facility PREA Compliance Coordinator

<b>Name:</b> Teresa Shirrell	<b>Title:</b> Deputy Warden
<b>Email:</b> teresa.shirrell@doc.mo.gov	<b>Telephone:</b> (660) 582-6542

### Facility Health Service Administrator

<b>Name:</b> Ruth Dredge	<b>Title:</b> Health Service Administrator
<b>Email:</b> ruth.dredge@doc.mo.gov	<b>Telephone:</b> (660) 582-6542

### Facility Characteristics

Designated Facility Capacity: 635		Current Population of Facility: 561	
Number of inmates admitted to facility during the past 12 months			858
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			831
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			858
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:			0
Age Range of	Youthful Inmates Under 18: N/A	Adults: 19-67	
Population:			
Are youthful inmates housed separately from the adult population?		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> .NA
Number of youthful inmates housed at this facility during the past 12 months:			N/A
Average length of stay or time under supervision:			6 mos./12 mos.
Facility security level/inmate custody levels:			Medium
Number of staff currently employed by the facility who may have contact with inmates:			251
Number of staff hired by the facility during the past 12 months who may have contact with inmates:			45
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:			3
<b>Physical Plant</b>			
Number of Buildings: 8		Number of Single Cell Housing Units: 0	
Number of Multiple Occupancy Cell Housing Units:		2	
Number of Open Bay/Dorm Housing Units:		7	
Number of Segregation Cells (Administrative and Disciplinary):		8	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):			
Maryville Treatment Center has 164 cameras that strategically located throughout the facility in program areas, housing units, yard, food service areas, control center, property issue window, canteen, medical and outside perimeter fence. The cameras are placed throughout the institution to assist staff in providing a safe secured environment for staff, offenders and the local community.			
<b>Medical</b>			
Type of Medical Facility:		24-hour medical care	
Forensic sexual assault medical exams are conducted at:		Forensic examinations are conducted on site and/or at a local medical facility	
<b>Other</b>			

Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:	50 Contractors/ 24 Volunteers
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	9

## Audit Findings

### Audit Narrative

The Prison Rape Elimination Act (PREA) Recertification Audit for Maryville Treatment Center (MTC), Missouri Department of Corrections (MDOC) was conducted on May 28-29, 2019. The PREA audit was coordinated through the MDOC Office of Professional Standards and 3D PREA Auditing & Consulting, LLC. Department of Justice Certified PREA Auditors Debra Dawson and Joy Bell were assigned to conduct the audit. Ms. Dawson served as the Lead Auditor.

An open line of communication was developed between the Lead Auditor, OPS PREA Coordinator Vevia Sturm and Maryville Treatment Center (MTC) Deputy Warden of Offender Management/PREA Site Coordinator (PREA Site Coordinator) Teresa Shirrell. Communication was maintained via phone, and emails regarding the Pre-Audit Questionnaire (PAQ), posting of audit notice and audit logistics.

A flash drive was forward to the lead auditor by the PREA Site Coordinator. The flash drive contained the Pre-Audit Questionnaire (PAQ) and supporting documentation within designated folders for each of the 43 standards. The documentation included agency policies, procedures, forms, posters, pamphlets, brochures, handbooks, educational materials, training curriculums, staff and offender acknowledgement of PREA training, organizational charts, offender risk assessments, investigative files and results to demonstrate compliance with each PREA standards. A physical plant schematic for a pre tour scheduling itinerary was provided. The lead auditor requested additional documentation during the pre-audit, site visit and post audit phrases. All requested documentation was submitted timely.

The entrance meeting was held on May 28, 2019 at approximately 8:15 a.m. with Warden Gaye Colborn, Deputy Warden of Offender Management/PREA Site Coordinator Teresa Shirrell, Deputy Warden Benda Alley; OPS PREA Coordinator Vevia Sturm, and the assigned PREA auditors. At the conclusion of the opening meeting, a tour of the facility was conducted. The auditors were accompanied by The PREA Site Coordinator and OPS PREA Coordinator. All areas of the facility were visited during the tour to include the administration area, control center lobby, offender housing units, administrative segregation, staff offices to include intake areas, medical, recreation, classrooms, library, food service, canteen, visiting room, control room, officers' duty stations, chapel, supply areas, etc. Continued PREA educational material to include posters, third-party reporting, and flyers was posted throughout the facility to include the offender visiting room. The notification of the PREA audit site visit was confirmed during the pre-audit process as being posted on April 12, 2019. A date stamp photocopy of the posting was forwarded to the lead auditor as confirmation. Auditors observed the notice posted on bulletin boards throughout all departments and offender housing units with viewing accessibility to all offenders and staff.

MTC has 115 security staff who are assigned to the various three correctional shifts. The are 136 non-security staff, that includes Gateway, Corizon, Probation and Patrol, and Missouri Adult Education and Literacy (AEL). The auditors conducted 44 staff interviews at MTC that included 19 random interviews and 25 specialized interviews. Security staff was interviewed included Captains, Lieutenants, and Correctional Officers. All staff at MTC has been trained serve as PREA first responders. Staff interviewed were well versed in their areas of responsibility regarding response to PREA allegations. Specialized staff

interviewed included: (1) Director of Adult Correctional Institutions; (1) Warden; (1) Deputy Warden Offender Management/PREA Site Coordinator; (1) OPS PREA Coordinator; (1) Agency Contract Administrator; (2) Intermediate or Higher-level facility staff; (1) Human Services Supervisor; (1) SANE Nurse; (2) Volunteer; (1) Contract Mental Health; (2) Contract Medical Staff; (2) Investigative Staff; (2) Intake Staff; (1) Facility Victim Advocate; (2) Staff who perform screening for risk of victimization and abusiveness/Intake; (1) Staff who supervise offenders in segregated housing; (1) Incident Review Team Member; (2) Designated staff member charged with monitoring retaliation. Zero security and non-security staff served as a first responder where they requested the alleged victim to preserve physical evidence

There were 561 offenders designated at MTC on the first day of the site visit. Ten offenders were selected for informal interviews. Forty-one offenders were selected for formal interviews. Thirty-four offenders were selected for random interviews. Seven offenders were selected from the following targeted groups: (4) offenders who had physical or mental disabilities, (3) identified as gay or bisexual. There were (0) offenders who reported prior sexual victimization, (0) Offenders who reported sexual abuse, (0) youthful offenders, (0) offenders identified as limited English Proficient, (0) offenders placed in segregated housing for risk of sexual victimization/who alleged to have suffered sexual abuse, and (0) offenders identified as transgender or intersex designated at MTC during the site visit. The auditors utilized housing unit rosters to select offenders for random interviews. The offenders interviewed stated they felt generally safe and expressed a good understanding of received PREA education to include methods of reporting.

The auditors carefully examined a sampling of personnel files, new hires, promotional staff, background checks, staff, volunteers, and contractor workers PREA training documentation that were provided for review. Individuals are not allowed entrance into the facility to work or volunteer until a thorough background check has been completed.

A sampling of offender institutional files was selected and observed documentation indicated by their signatures documenting receipt of PREA education. Documentation was also reviewed for 114 initial risk screening assessments and reassessments. There were zero discrepancies noted in the initial 72-hour assessment and/or the 30-day reassessments.

Thirteen PREA allegations of sexual abuse and/or sexual harassment were reported during the past 12 months of the audit. Six resulted in administrative investigations and seven resulted in criminal investigation. Zero PREA allegations were completed by an outside agency. Seven allegations were reported for sexual abuse. Zero forensic medical exams were conducted. All investigations were complete and documented the investigation process per agency policy and PREA standard 115.71. The case files included, all interviews, photos, recording video footage, first responder details, outcome notification, retaliation monitoring (when required) and incident reviews.

The auditors identified a blind spot in each of Housing Unit Building 4 housing units/floors 2C1, 2C2 and 2C3. Therefore, this discrepancy was a factor in the facility not meeting the mandate of this standard. This matter was brought to the attention of the Warden, PREA Site Coordinator and OPS PREA Coordinator. A corrective measure plan was developed that included the installations of one additional camera on each floor that would eliminate the identified blind spot in each. The complete installation of cameras for these areas were conducted on June 13, 2019. Photographs identifying each area was provided photographs of the installed cameras and viewing areas of each. The photographs served as confirmation of compliance with standard 115.13 Supervision and Monitoring (a).

Review of the four sexual abuse debriefing conducted revealed there has been no input from the line supervisor. The OPS PREA Coordinator immediately took action to revise the D1-8.13 Offender Sexual

Abuse and Harassment Policy to include documentation of input from the shift supervisor. An email was forward to all Wardens and PREA Site Coordinators. The change to facility procedures were discussed and documented in meeting minutes on June 20, 2018, by the Deputy Warden of Offender Management/PREA Site Coordinator during the Section Head Meeting.

The PREA Site Coordinator did a phenomenal job in organizing files, while properly listing and noting documentation for each of the 43 standards.

At the conclusion of the on-site visit on May 29, 2019, an exit meeting was held to discuss the audit findings with Acting Warden Benda Alley, PREA Site Coordinator Teresa Shirrell, Acting Major/Captain Jeremy Zeigel; OPS PREA Coordinator Vevia Sturm, DOJ Certified PREA Auditors Debra Dawson and Joy Bell. The auditors explained the continuation of the audit process that would follow the on-site visit. The corrective measure of the installing cameras to eliminate the blind spot in housing unit/floors 2C1, 2C and 2C3 were discussed. Photographs of the installed cameras would be provided to the auditors upon completion. The auditor explained further review of documentation of practice, policy and procedures will continue and a determination of compliance with standards would be determined upon completion.

## Facility Characteristics

The Maryville Treatment Center is located outside Maryville, Missouri, approximately one and half miles east of Highway 71 and 136 Intersections. Maryville Treatment Center is a Missouri Department of Corrections minimum-security substance abuse treatment facility. The institution lies on 39 acres of land purchased by the Department of Corrections from the Sisters of St. Francis during the summer of 1995.

There are designated housing units includes designated floors for offenders identified as Alphas and Sigmas in each housing unit; administrative segregation. Housing unit 2C2 is for offender population with significant medical lay ins. All shower stalls are provided with shower curtains and doors as barriers. Each of toilet stall have a  $\frac{3}{4}$  door as a barrier.

Facility staff offer various programs to the inmate population that include Anger Management, Pathway to Change, Inside Out Dads, Batterer's Intervention, ICVC, Restorative Justice, Reentry, Puppies for Patrol, ES/LS and AEL

The facility originally opened with nine buildings, however building #6 has been demolished. Therefore, there are currently 8 buildings.

Building 1 consists of the Control Center and Sallyport.

Building 2 consists of the administration offices, classrooms, food service, food service dock area, recreation, library, treatment classrooms, education classrooms, staff offices, Housing Unit #4.

Building 3 includes the canteen, chapel, classroom, Housing Unit #1, #2, and #3, Staff Offices, Property, Maintenance Offices, Warehouse, and Medical.

Housing Unit 1: Administrative Segregation Unit (3A1) has a total of 34 beds. Restrooms are in the cells. 2 individual showers stalls in the common area of the unit. Offenders are place in hand restraints during escort to the showers.



Housing Unit 2: 3A3 & 3A4- 3 open bays on with 100 beds on each floor. Restrooms and showers are in common area.

Housing Unit 3: 3C3 & 3C4- 3C3 has 2, 4, 6, man rooms with a total of 66 beds per floor. 3C4 has one open bay along with 2, 4, 6 man rooms total of 100 beds on the floor. Restrooms and showers are both in a common area and two rooms sharing a bathroom/shower.

Housing Unit 4: Has 3 floors (2C1, 2C2, 2C3) that are open bay with 78 beds on each floor. Restrooms and showers in Common Area.

Building 4 is the Boiler Room and Laundry

Building 5 is Maintenance Bay

Building 7 is Training Facility

Building 8 is Maintenance Pole Barn

Building 9 is Sewage Treatment Plant

## Summary of Audit Findings

**Number of Standards Exceeded:** 2

115.16: Inmates with disabilities and inmates who are limited English proficient; 115.41 Screening for risk of victimization and abusiveness;

**Number of Standards Met:** 41

115.11: Zero Tolerance of sexual abuse and sexual harassment: PREA Coordinator; 115.12: Contracting with other entities for the confinement of inmates; 115.13: Supervision and monitoring; 115.14: Youthful inmates ; 115.15: Limits to cross-gender viewing and searches; 115.17: Hiring and promotions decisions; 115.18: Upgrades to facilities and technologies; 115.21 Evidence protocol and forensic medical examinations; 115.22: Policies to ensure referrals of allegations for investigations; 115.31 Employee Training; 115.32 Volunteer and contractor training; 115.33 Inmate Education; 115.34: Specialized training :Investigations; 115.35 Specialized training: Medical and mental health care; 115.42: Use of screening information; 115.43: Protective Custody; 115.51: Inmate reporting ; 115.52 Exhaustion of administrative remedies;.115.53: Inmate access to outside confidential support services; 115.54 Third-party reporting; 115.61 Staff and agency reporting duties; 115.62: Agency protection duties; 115.63: Reporting to other confinement facilities; 115.64: Staff first responder duties; 115.65 Coordinated response; 115.66: Preservation of ability to protect inmates from contract with abusers; 115.67: Agency protection against retaliation; 115.68: Post-allegation protective custody; 115.71: Criminal and administrative agency investigations; 115.72: Evidentiary standard for administrative investigations; 115.73: Reporting to inmates; 115.76: Disciplinary sanctions for staff; 115.77: Corrective action for contractors and volunteers; 115.78: Disciplinary sanctions for inmates; 115. 81 Medical and mental health screenings: history of sexual abuse: 115.82: Access to emergency medical and mental

health services; 115.83: Ongoing medical and mental health care for sexual abuse victims and abuser; 115.86 Sexual abuse incident reviews ; 115.87 Data collection; 115.88 Data review for corrective action;.115.89 Data storage, publication, and destruction.

**Number of Standards Not Met:** 0

**Summary of Corrective Action (if any)** N/A

## PREVENTION PLANNING

### Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

**All Yes/No Questions Must Be Answered by The Auditor to Complete the Report**

#### 115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? ☒ Yes ☐ No

#### 115.11 (b)

- Has the agency employed or designated an agency wide PREA Coordinator? ☒ Yes ☐ No
- Is the PREA Coordinator position in the upper level of the agency hierarchy? ☒ Yes ☐ No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities? ☒ Yes ☐ No

#### 115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance Coordinator? (N/A if agency operates only one facility.) ☒ Yes ☐ No. ☐ NA
- Does the PREA compliance Coordinator have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.) ☒ Yes ☐ No. ☐ NA

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of Missouri Department of Corrections Department Procedural Manual; D1-8.13 Offender Sexual Abuse and Harassment; MTC Offender Handbook; Director's Office and Facility Organization Charts and duties of the MDOC PREA Coordinator and PREA Site Coordinator it was determined MTC meets the mandate of this standard. MDOC and MTC have written policies and procedures in place to support the agency's mission and goal of maintaining a zero tolerance of sexual abuse and sexual harassment. The policies provide an outline of required practice in the agency's approach to preventing, detecting, and responding to allegations of sexual harassment or sexual abuse. The policy includes definitions of prohibited behaviors regarding sexual assault and sexual harassment of offenders with sanctions for those found to have participated in these prohibited behaviors. Policies identify the agency's strategies and responsibilities to detect, reduce and prevent sexual abuse and sexual harassment of offenders.

The OPS PREA Coordinator is a position assigned by the OPS Director to coordinate the agency's statewide compliance with PREA. In an interview with the OPS PREA Coordinator, she confirmed that her time is exclusively devoted to ensuring compliance with all PREA standards and ensure the prevention of sexual abuse and sexual harassment. The Deputy Warden of Offender Management is assigned as the PREA Site Coordinator and is responsible for ensuring PREA standards are maintained at the facility. An interview with the PREA Site Coordinator confirmed she has time to fulfill her duties as the PREA Site Coordinator by prioritizing her duties and ensuring her duties as the PREA Site Coordinator for the facility is accomplished. Effective communication between the OPS PREA Coordinator and the PREA Site Coordinator is routinely maintained through phone calls, memorandums, emails, training, and meetings to discuss policy updates, new initiatives and any issues of concerns.

## **Standard 115.12: Contracting with other entities for the confinement of inmates**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.12 (a)**

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) ☒ Yes ☐ No ☐ NA

### 115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates OR the response to 115.12(a)-1 is "NO".) ☒ Yes ☐ No ☐ NA

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.13 Offender Sexual Abuse and Harassment; contracts with community confinement facilities under the authority of the Division of Probation and Parole and interviews with the OPS PREA Coordinator and Warden, MTC meets the mandate of this standard. The contracts require the contractors adopt and comply with PREA standards and compliance is monitored by the agency. However, MTC does not contract with other entities for the confinement of its offenders.

### Standard 115.13: Supervision and monitoring

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No ☐ NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

#### 115.13 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)  
☐ Yes ☐ No ☒ NA

#### 115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? ☒ Yes ☐ No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? ☒ Yes ☐ No

#### 115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? ☒ Yes ☐ No
- Is this policy and practice implemented for night shifts as well as day shifts? ☒ Yes ☐ No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.13 Sexual Abuse and Harassment; PREA Yearly Staffing Report; Post Analysis; Correctional Officer Staffing Analysis; Staffing Pattern Charts; Shifts 1, 2, and 3, Staffing Report 2016 and 2017; 2018 PREA Annual Report; Custody Daily Rosters; Quarterly Comprehensive Camera Reports; Custody Supervisory Staff Unannounced Rounds Logs; Overtime and Comp Time Reports; IS20.-1.1 Post Orders; Implementation Teams Report, MTC meets the mandate of this standard. Staffing plans for all MDOC facilities were originally developed by Central Office in 2009 which the agency continues to work from. The staffing plan addresses the items listed in section 115.13a. MTC monitors the staff plan to ensure compliance and conduct a review of the plan annually. The staffing plan dated April 16, 2019 was provided for the auditors. Per the Warden, with the layout of the facility they also look at program areas because non-custody staff are also assigned to the housing units to include Functional Unit Managers, Case Managers and Treatment Staff. These staff provide assistance in the supervision and of offenders and conduct rounds in their respective housing unit. She continued in that if staffing was ever below the staffing plan, all critical post would be manned. Any deviations from the staffing plan would be documented and the reasons for the deviation would be documented. However, the facility has never

gone below the staffing plan. If there was a need for additional staff, there is always staff who are willing to volunteer for overtime or staff would be mandated to stay in lieu of vacating a critical post. There were no deviations noted to have occurred.

The facility has 164 cameras that assist staff maintaining security and in monitoring offenders' behavior. On an average the facility has 30 days of storage across the video system. Review of video monitoring confirmed offenders' privacy during showering, use of toilet, change of clothes and performance of bodily functions was not observed by staff during video monitoring. The facility is designated as an adult male facility. Both female and male staffs are assigned to each shift.

The auditors identified a blind spot in each of Housing Unit Building 4 housing units/floors 2C1, 2C2 and 2C3. Therefore, this discrepancy was a factor in the facility not meeting the mandate of this standard. This matter was brought to the attention of the Warden, PREA Site Coordinator and OPS PREA Coordinator. A corrective measure plan was developed that included the installations of one additional camera on each unit/floor that would eliminate the identified blind spot in each. The complete installation of cameras for these areas were conducted on June 13, 2019. Photographs identifying each area was provided to the auditors and served as confirmation of compliance with standard 115.13 Supervision and Monitoring (a) .

The unannounced PREA rounds logs are documented on a tracking log noting all areas of the facility. Interviews with intermediate-level or higher-level supervisors that included Captains, Lieutenants, Functional Unit Managers, Warden, and PREA Site Coordinator indicated they are aware of their responsibility to conduct unannounced PREA rounds. Supervisory staff stated rounds are conducted out of sequence to prevent a pattern. A review of the tracking log and logbooks confirms unannounced rounds are not completed in a pattern and are conducted by a variation of supervisory staff. Rounds conducted in this manner prevent staff from altering others that supervisory unannounced rounds are being conducted. Post orders include a general order prohibiting staff members from alerting each other that unannounced supervisor rounds are occurring, unless such announcement is related to legitimate operational functions of the facility. Supervisory staff stated they were unaware of any circumstances where a staff member have alerted others of unannounced rounds being conducted.

## **Standard 115.14: Youthful inmates**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.14 (a)**

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

#### **115.14 (b)**

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA



- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

#### 115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- Do youthful inmates have Access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.13 Sexual Abuse and Harassment, Missouri Department of Corrections Institutional Services Procedural Manual; IS5-3.1 Offender Housing Assignments (MDOC Policy IS5-3.1); Missouri Department of Corrections Institutional Services Procedural Manual, IS5-1.1 Diagnostic Center Reception and Orientation; MDOC Statutes, Chapter 217, Section 217.345, and Interviews with Warden and PREA Site Coordinator, offenders under the age of 18 have not and will not be assigned at MTC. MTC meets the mandate of this standard.

#### Standard 115.15: Limits to cross-gender viewing and searches

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.15 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners? ☒ Yes ☐ No.

#### 115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20, 2017.) ☒ Yes ☐ No ☐ NA
- Does the facility always refrain from restricting female inmates' Access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 inmates before August 20, 2017.) ☐ Yes ☐ No ☒ NA

#### 115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes ☐ No
- Does the facility document all cross-gender pat-down searches of female inmates? ☒ Yes ☐ No

#### 115.15 (d)

- Does the facility implement a policy and practice that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? ☒ Yes ☐ No

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#### 115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? ☒ Yes ☐ No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? ☒ Yes ☐ No

#### 115.15 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No

## Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of SOPD1-8.13 Offender Sexual Abuse and Harassment; SOP20-1.3 Searches; Memorandums and Directive from Director of Adult Institutions; Inter-Office Memorandums from Warden; Post Order 19.14 Segregation Unit Officer; IS6-1.3 Offender Personal Appearance and Grooming; IS11-34.1 Health Assessment and/or Physical Examination at Reception; Institutional Searches Lesson Plan; IS5-3.3 Transgender and Intersex Offenders; Institutional Staff Completed Training Log for 2018 Institutional Searches; Interviews with Staff, MTCC meets the mandate of this standard. MTC is an adult male facility and does not house female offenders. However, the agency has policy that prohibit cross gender pat searches on female offenders, cross gender visual body cavity searches and strip searches. Individual shower stalls with appropriate showers and toilets with doors are provided for the offender population in the housing units. The showers have door, curtains, or both and toilet barriers allow privacy for offenders to change of clothing, showers, use of bodily functions without being seen by nonmedical staff of the opposite gender viewing except in exigent circumstances or when such viewing is incidental to routine security checks

A verbal announcement is made when a female staff are assigned for duty and other entry of the housing units. The announcement is entered in the Chronological Log noting the date, time staff person entering the area and exiting the area. A sign is posted of female staff in the housing unit for offenders who are hard of hearing or was not in the housing unit at the time of the opposite gender entry. Observation of this procedure and a review of the chronological log were conducted by the auditors.

Policy prohibits staff from physically examining transgender or intersex offenders for the sole purpose of determining the offender's genital status. The determination of transgender and/or intersex offenders genital status may be obtained during conversations with the offender, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner. Interviewed staff were given a variety of scenarios circumstances in which staff may elect to conduct a visual search of an offender identified as transgender and/or intersex for the sole purpose of determining the offender's genital status. The interviewed staff identified searches of such were prohibited and they would report any known behavior and/or attempted behavior of a co-worker regardless of the staff member's rank.

Procedures for conducting cross-gender searches, transgender, intersex, or gender unknown searches are outlined in the Division Institutional Searches Lesson Plan. An interview with training staff personnel confirmed hands-on training for cross-gender searches began in 2014 for all employees. The curriculum was also added at the Training Academy for all new hires at this time. All staff interviewed acknowledged receipt of institutional searches training which include conducting cross-gender searches. An electronic generated roster identified staff's completion of training. Staff provided the auditors with verbal instructions on conducting cross-gender searches. There were zero offenders identified as transgender or intersex at MTC.

## Standard 115.16: Inmates with disabilities and inmates who are limited English proficient

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? ☒ Yes ☐ No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? ☒ Yes ☐ No
- Do such steps include, when necessary, providing Access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? ☒ Yes ☐ No

#### 115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? ☒ Yes ☐ No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No.

#### 115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first response duties under §115.64, or the investigation of the inmate's allegations? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.13 Offender Sexual Abuse and Harassment; MDOC Lesson Plan for Special Needs Provided to Staff; PREA Training Rosters of Offenders with Special Needs; PREA Written Transcript; Available Bi-lingual Staff; MTC Coordinated Response Plan; IS5-2.3 Offender Internal Classification; PREA Pamphlets and Posters; PREA Sexual Abuse Brochures in multiple languages, D5-5.1 Deaf and Hard of Hearing Offenders; Contracts with outside Translation Service Contracts that include communication services for sign language, verbal language and a written

language translations. MTC takes steps and has policies and procedures that ensure offenders with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. MDCO Policy D1-8.13 Offender Sexual Abuse and Harassment dictates PREA education shall be provided to the offender in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to offenders, who have limited reading skills in accordance with the department's procedures regarding deaf and hard of hearing offenders, disabled offenders, and blind and visually impaired offenders. Signs with words "Male" and "Female" are on all housing units. These are used for hard of hearing offenders when there is a "female on the floor", PREA announcements Offenders who have limited English proficiency shall be provided a copy of the video transcript and the PREA offender brochure in their native language. PREA Videos are also available with closed captioning. MTC have available resources to provide offenders with materials in a variety of languages to include English, Spanish, Chinese (Traditional), Japanese, Large Print-Braille, Russian, Serb Croatian, and Vietnamese. PREA posters and educational materials are provided in English and Spanish. The PREA video is available in English and Spanish. Offenders who are deaf are provided PREA information thru written form, i.e. PREA guidelines, Education Brochures and Videos. Offenders who are blind are provided an audio version in either English or Spanish. The MDOC Lesson Plan for Special Needs completed by staff during basic institutional training goal is that students will be able to compare and contrast individuals with mild or moderate intellectual disabilities, learning disabilities, and emotional problems. Also, that staff will assess the potential problems from these impairments, predict how staff might be affected and learn techniques that facilitate learning and effective communication.

Formal and informal interviews with staff confirmed offenders are not used as interpreters, offender readers, or other types of offender assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise an offender's safety, the performance of first responder duties, or the investigation of an offender's PREA allegations.

There were zero circumstances noted where an offender was utilized to serve as an interpreter and/or offender reader. Interviews with four offenders identified with a physical or mental disability, confirmed staff provided PREA educational material they were able to understand. There were zero offenders identified as LEP at the facility during the site visit.

## **Standard 115.17: Hiring and promotion decisions**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.17 (a)**

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

#### 115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates? ☒ Yes ☐ No

#### 115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency: perform a criminal background records check? ☒ Yes ☐ No
- Before hiring new employees, who may have contact with inmates, does the agency: consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? ☒ Yes ☐ No

#### 115.17 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates? ☒ Yes ☐ No

#### 115.17 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees? ☒ Yes ☐ No



#### 115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? ☒ Yes ☐ No
- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? ☒ Yes ☐ No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No

#### 115.17 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? ☒ Yes ☐ No

#### 115.17 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) ☒ Yes ☐ No ☐ NA

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with D1-8.13 Offender Sexual Abuse and Harassment; Applications for Employment For New Hires and Promotions; Email for the Missouri Department of Corrections Division of Human Services, Office of Personnel; Pre-Employment PREA Checks; Background Investigations; D2-5.1 Maintenance of Employee Records;.D2-2.10.Re-Employment Appointment; D2-2.8.Promotional Appointment; D2-2.2 Background Investigations; D2-11.14.Annual Employment Requirements; Staff Yearly Background Checks, Missouri PREA Hiring Checklist; Background Checklist for Contractors; Employee Handbook; Application for Employment forms, Interviews with Human Resource Manager, and Warden, MTC meets the mandate of this standard. The Human Resource Manager was interviewed in regard to a response to this standard. Forty-four persons who may have contact the offender population was hired within the past 12 months of the audit. Before hiring new employees the human

resources staff members or designee perform a criminal background records check and contact all prior institutional employers, when possible, for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse in accordance with the depart procedure regarding background investigation. Prior to approval of a promotional appointment, regardless of the salary range, a check is conducted of the employee's official personnel file through central office human resources. The check is performed to ensure the employee has received no formal discipline for sustained allegations of sexual abuse and/or harassment or any information indicating any pending or adjudicated criminal charges. All sustained allegations are considered by the department before an employee is promoted. Backgrounds checks are conducted annually during the staff member's birth month. During the initial background investigation process of new hires, the applicant's fingerprints are mailed to the Highway Patrol as a process for hiring and continued service A check is also conducted on the staff's member driver license annually. The background checks are conducted through the Missouri State Highway Patrol utilizing the Missouri Uniform Law Enforcement System (MULES) and the National Crime Information Center System (NCICS). The Application for Employment require applicants to report all work history in prison, jail, lockup, community treatment centers, halfway house, restitution center, mental facility, alcohol or drug rehabilitation center, juvenile facility or other correctional facility (public or private). The applicant must also report if they were terminated or otherwise disciplined or counseled for sexual contract with or sexual harassment on an inmate, detainee, or resident of a correctional facility. Applicants must certify the information provided is correct to the best of their knowledge and understand that falsification of the information is grounds for disqualification from the selection process or dismissal from employment. All employees and contractors are required to report any subsequent arrest to their immediate supervisor before reporting for duty. Corizon conduct all background checks for medical and mental health staff assigned at MDOC facilities. Once contract staff is cleared, the Human Resource Manager receives a memorandum stating they have been cleared.

Verification of employment verbal requests shall be referred to the automated TALX program. Written requests shall be submitted to the central office human resources office and should be responded to in writing within 5 working days.

## **Standard 115.18: Upgrades to facilities and technologies**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.18 (a)**

- If the agency designed or acquired any new facility or planned any Substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a Substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.) ☒ Yes ☐ No ☐ NA

#### **115.18 (b)**

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the

agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.) ☐ Yes ☒ No ☐ NA

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D4-4.8 Security Camera Operations; Quarterly Camera Reports; 2018 PREA Annual Report; Interview with Warden, MTC meets the mandate of this standard. One additional suicide cell was added in administrative segregation.

The DVR retention period was updated from 13 to 30 days. Additional cameras were installed in recreation, classrooms, and the library. Cameras have been rearranged for better monitoring in the visiting room and two 180-degree cameras have been added.

## RESPONSIVE PLANNING

### Standard 115.21: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.21 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

#### 115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

#### 115.21 (c)

- Does the agency offer all victims of sexual abuse Access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? ☒ Yes ☐ No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ☒ Yes ☐ No
- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

#### 115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? ☒ Yes ☐ No
- Has the agency documented its efforts to secure services from rape crisis centers? ☒ Yes ☐ No

#### 115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? ☒ Yes ☐ No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes ☐ No

#### 115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) ☐ Yes ☐ No ☒ NA

#### 115.21 (g)

- Auditor is not required to audit this provision.

#### 115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? [N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.] ☒ Yes ☐ No ☐ NA

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.8 Evidence Collection, Accountability and Disposal; Copy of Missouri State Department of Highway Patrol Forensic Lavatory Forensic Handbook; SOPD1-8.13 Offender Sexual Abuse and Harassment; List of Available SANE Hospitals; Advocacy Training; Assignment of Chaplain as Victim Advocate; Consent for Facility Advocacy Services; Documentation of unavailability to provide services; On-Line Advocacy Learning; Letter to Mississippi County Sheriff Office; Proven Partnership Contractual Agreement with Corizon, MTC Inter-office communication for PREA Protocol, MTC meets the mandate of this standard. The MDOC OPS PREA Unit is responsible for conducting all criminal and administrative investigations of sexual abuse that includes offender on offender and staff on offender.

The Office of Professional Standards PREA Unit conducts all criminal investigations and administrative investigations involving sexual abuse. This is a department within the MDOC. All allegations involving staff and that appear to be criminal are forwarded to local law enforcement. If local law enforcement does not accept the case, the OPS PREA Unit will investigate the allegation and forward to the prosecuting attorney when applicable. The Directives for Offender Sexual Abuse and Harassment outline evidence protocols for administrative investigations and criminal prosecutions. A copy of correspondence from the OPS PREA Coordinator to the local law enforcement Sheriff Office was provided for review by the auditors. The correspondence noted that the MDOC in accordance with Prison Rape Elimination Act, request investigative agencies that conduct PREA investigations within MDOC facilities adhere to PREA

Standard 115.21 Evidence protocol and forensic medical examinations as required by the PREA standards

The auditor interviewed a OPS PREA Investigator and he confirmed all administrative and criminal investigation throughout MDOC must adhere to the investigative and evidence protocols based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents, or similarly comprehensive and authoritative protocols developed after 2011.

Medical and behavioral health care including certified Sexual Assault Nurse Examiners (SANE) are provided on-site through a contract with Corizon Health. Forensic exams are conducted on-site by a SANE nurse for an offender-on-offender sexual assault. Sexual abuse forensic examinations involving staff on offender are conducted at a local hospital SSM Health St. Francis 2016 South Main Street Maryville, MO., where these services can be provided. The forensic examinations are provided at no cost to the victim. There were zero sexual abuse allegations reported that required a forensic examination in the past 12 months of the audit.

The OPS PREA Coordinator have attempted to obtain an agreement for a community victim advocate for MTC rape crisis center. The effort to obtain an agreement was documented by the OPS PREA Coordinator through emails and logs. However, an agreement has not been established. The Missouri Department of Corrections collaborated with the Missouri Coalition Against Domestic and Sexual Violence to create online advocacy training. This training is available for Volunteers in Corrections as well as community members who may be interested in providing advocacy services to victims of sexual violence within MDOC prisons. The facility is required to have at least one qualified staff member that has been trained as an advocate. An interview was conducted with the facility's Chaplain in regard to his assignment as the Victim Advocate. He completed a 3.5 hours credit training course for advocacy/victim services on-line titled "Advocacy with Survivors of Sexual Victimization for DOC." Documentation of the completed training was provided. Three additional staff have completed the training and are eligible to service as a victim advocate for the facility. Immediately upon being notified of the circumstances surrounding the incident of sexual abuse, one of the victim advocates is notified by the Shift Commander. The victim advocate reports to the facility to accompany and support the victim through the forensic medical examination process and investigatory interviews and provide emotional support, crisis intervention, information and referrals as requested by the victim. Documentation of offering a victim advocate after the report of non-penetration sexual abuse was provided.

## **Standard 115.22: Policies to ensure referrals of allegations for investigations**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.22 (a)**

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? ☒ Yes ☐ No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? ☒ Yes ☐ No

#### 115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? ☒ Yes ☐ No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? ☒ Yes ☐ No
- Does the agency document all such referrals? ☒ Yes ☐ No

#### 115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).] ☐ Yes ☐ No. ☒ NA

#### 115.22 (d)

- Auditor is not required to audit this provision.

#### 115.22 (e)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.1 Office of Professional Standards D1-8.4 Institutional Investigations; PREA Allegation Notification Checklist-Institution; D1-8.4 Institutional Investigations; Excerpt D1-8.13 J. Investigations; D1-8.1 Investigation Unit Responsibilities and Actions; Coordinated Response to Offender Sexual Abuse; SOP D1-8.1 Offender Sexual Abuse and Harassment; Interview with OPS Investigator and Review of Investigative Files and logs, MTC meets the mandate of this standard. All allegations of offender sexual abuse and/or harassment, including third party and anonymous reports are immediately forwarded to the Shift Commander to initiate the coordinated response as outlined in the offender sexual abuse and harassment procedure. MDOC Directives requires an administrative and/or criminal investigation is completed for all allegations of sexual



abuse/harassment. Within two business days of receipt of a sexual abuse/sexual harassment, the OPS PREA Unit determines if the allegations meet PREA definitions or if additional information is needed.

The facility's investigator is responsible for conducting administrative investigations pertaining to non-criminal sexual harassment. The OPS Investigators are responsible for conducting all sexual abuse investigations and any sexual harassment allegations that may be criminal. The OPS Investigator explained all allegations are required to be referred and investigated as part of the employee standards. Upon receiving an allegation of sexual abuse, he begins the investigation as soon as possible. When the OPS Investigator believes there is probable cause that a criminal act has been committed in an offender related case, the Chief Administrative Officer (CAO), will determine whether law enforcement should be contacted to complete the investigation. If law enforcement declines to investigate the incident, the trained OPS Investigator will complete the investigation and processing of the incident. If the investigation determines that a criminal act has occurred, the CAO shall refer the incident to the appropriate prosecutor's office for consideration. All referrals for such allegations will be documented in accordance with the coordinated response to offender sexual abuse located on the department's intranet website: <http://doc.mo.gov/programs/PREA>.

There were zero PREA allegations referred to an outside law enforcement agency for investigation. However, in the event outside agencies investigate sexual abuse, staff members will cooperate with outside investigators and will make an effort to remain informed about the progress of the investigation. A memorandum drafted by the OPS PREA Coordinator was forwarded to the various Sheriff Departments requesting the responsible parties follow PREA standards when conducting offender sexual abuse investigations. All administrative and criminal investigations of sexual abuse or sexual harassment is entered into the COIN (Corrections Information Network) system within the MDOC. Administrative and criminal investigation reports will be retained for 90 years from the completion of the investigation and in accordance with the department procedure regarding records retention. Interviews with both the facility investigator and OPS Investigator confirmed this practice during the interview process.

During the past 12 months of the audit, there were 13 allegations of sexual abuse and sexual harassment that were referred for investigation to the OPS PREA Unit for investigation. Six allegations resulted in an administrative investigation and 7 were referred for criminal investigations.

## TRAINING AND EDUCATION

### Standard 115.31: Employee training

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

##### 115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? ☒ Yes ☐ No

#### 115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility? ☒ Yes. ☐ No
- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? ☒ Yes ☐ No

#### 115.31 (c)

- Have all current employees who may have contact with inmates received such training? ☒ Yes ☐ No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? ☒ Yes ☐ No

- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? ☒ Yes ☐ No

#### 115.31 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with a review of D1-8.13, Offender Sexual Abuse and Harassment; MDOC Lesson Plan for Basic PREA Training; DOCOTA Online Training Lesson Plan "PREA Basic for All Staff Curriculum" for 2016; PREA Refresher Training Log 2018; PREA Training Acknowledgement Forms for 2018; Memorandum from Director; Interviews with Random Staff and Specialized Staff, MTC meets the mandate of this standard. D1-8.13 Offender Sexual Abuse and Harassment, Section III (B) (4), page 8, covers training requirements for new staff, current staff, part-time employees, volunteers, contract staff members and vendors. There are 251 staff who have contact with offenders and were trained or retrained on the PREA requirements. All employees receive initial PREA training during the department's basic training and refresher PREA training every two years through MDOC Intranet, DOCOTA Online Training PREA. Years, in which an employee does not receive training, the department's PREA coordinator provide current information on sexual abuse and sexual harassment policies. Both the Basic Training and the Refresher Training curriculum contained the 10 elements required in this standard.

Upon successful completion of the on-line PREA refresher training, staff receives a certificate of achievement. Additionally, training is provided to staff routinely through emails, web-based, and staff meetings. Interviews with random and specialized staff each confirmed they were aware of their responsibilities to protect victims, respond to allegations made and refer reports for investigation to the Shift Commander. Staffs are provided with a pocket card identifying steps to follow during reported allegations pertaining to sexual abuse and sexual harassment by an offender and how to report these allegations. A review of staff training acknowledging their receipt of PREA training was provided for review to the auditing team through signature on acknowledgement forms, certificates of completion and computer-generated rosters. MTC provides training tailored to the gender of the male offenders and includes training of conducting searches of transgender and intersex offenders. There were zero staff who transferred to MTC (male facility) from a correctional facility that house only female offenders. However, training does dedicate gender training on searches.

## Standard 115.32: Volunteer and contractor training

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.32 (a)

- Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? ☒ Yes ☐ No

#### 115.32 (b)

- Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)? ☒ Yes ☐ No

#### 115.32 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.13 Offenders Sexual Abuse and Harassment; Volunteers in Corrections Training; Offender Work Release Procedures Training; PREA Refresher Volunteers in Corrections; PREA and Discrimination, Harassment, and Retaliation Refresher; Volunteers in Corrections - Staff/Offender Interactions; PREA: What you need to know about the PREA Elimination Act Pamphlet; Training Acknowledgment Forms signed by Contractors and Volunteers, and Interviews with Volunteers and Contractors, MTC meets the mandate of this standard. MTC has 50 contractors and 24 volunteers. MTC contracts with Corizon Health for 22 Medical and Mental Health Staff, 13 AEL contract staff, and 15 Gateway staff. The volunteers work with Alcohol Anonymous, Narcotics Anonymous or religious services. The PREA training provided includes the agency's policy and procedures regarding sexual abuse and sexual harassment prevention, detention, reporting, and response including zero tolerance. The level and type of training provided to the contractors and volunteers is based on the level of offender contact with them. Contractors and volunteers receive PREA training specific to their classification as determined by the appropriate Division Director and

Chief of Staff Training. PREA training for both volunteers and contract staff is an annual requirement. Medical and Mental Health staff confirmed they also receive annual PREA Refresher Training from Cozion Health and with MDOC staff through an on-line course with on-line DOCOTA. Supervisors employed with the various Department of Transportation where offenders may be assigned also complete training tailored to their position titled "Offender Work Release Procedures Training." PREA training acknowledgement forms for both volunteers and contract staff were presented to the auditor as supporting documentation of compliance with this standard. Policy identify vendors are always escorted by a staff member or shall receive PREA training prior to entering the facility. All vendors are escorted.

## **Standard 115.33: Inmate education**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.33 (a)**

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No

#### **115.33 (b)**

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? ☒ Yes ☐ No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? ☒ Yes ☐ No

#### **115.33 (c)**

- Have all inmates received such education? ☒ Yes ☐ No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility? ☒ Yes ☐ No

#### **115.33 (d)**

- Does the agency provide inmate education in formats Accessible to all inmates including those who are limited English proficient? ☒ Yes ☐ No

- Does the agency provide inmate education in formats Accessible to all inmates including those who are deaf? ☒ Yes ☐ No
- Does the agency provide inmate education in formats Accessible to all inmates including those who are visually impaired? ☒ Yes ☐ No
- Does the agency provide inmate education in formats Accessible to all inmates including those who are otherwise disabled? ☒ Yes ☐ No
- Does the agency provide inmate education in formats Accessible to all inmates including those who have limited reading skills? ☒ Yes ☐ No

#### 115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions? ☒ Yes ☐ No

#### 115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with a review of D1-8.13 Sexual Abuse and Harassment; SOP5-1.2 Institution Receiving and Orientation; Comprehensive PREA Offender Class Enrollment Rosters; PPREA Victim/Abuser Protocol; MTC Offender Handbook; Interviews with Offenders; Offender Sexual Abuse Sexual Harassment Acknowledgement Forms, PREA Posters, Pamphlets; Video and Lesson Plan "PREA: What You Need to Know," Formal and informal interviews with offenders, MTC meets the mandate of this standard. MTC ensures all incoming offenders who arrive earlier during the week, receive a PREA pamphlet and are shown the offenders are given PREA brochure at intake upon their arrival. The PREA Video PREA "What You Need to Know" is shown in Orientation and offenders receive form MO 931-4506 (06-13) Offender Sexual Abuse and Harassment Acknowledgment form and sign and date it after watching the video. The offender population are issued personal tablets. The tablet contains the PREA Brochure, Institutional Advocacy poster, PREA poster with the stop sign and the PREA TIPS Hotline poster. There were 680 offenders admitted during the past 12 months who were

given PREA information. The documented PREA training is maintained in the offender's file. PREA posters are posted in all housing units, program areas, visiting room, and food service in English and Spanish and is available in other languages as needed. This material is accessible to the offender population which provides a continuously and readily availability of PREA education resources.

Forty-one formal and ten informal interviews were conducted with the offender population. The offenders acknowledged receipt of PREA training upon their arrival and observing the PREA video in addition to their awareness of PREA information posted throughout the facility.

## **Standard 115.34: Specialized training: Investigations**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.34 (a)**

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

#### **115.34 (b)**

- Does this specialized training include techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does this specialized training include proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

#### **115.34 (c)**

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA



#### 115.34 (d)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of MDOC Policy D1-8.13; MDOC Lesson Plan consisting of Six Modules Special Investigator Training; Investigators' Training Rosters for PREA Specialized Investigator Training, Interviews with OPS Investigator and Facility Investigative Staff, MTC meets the mandate of this standard. OPS Investigators are assigned to conduct sexual abuse allegations and/or sexual harassment within the MDOC. The nine assigned OPS Investigators have received specialized training for conducting sexual abuse/harassment investigations in confinement settings. The OPS Investigators complete a 40-hour course that includes PREA Specialist Investigative Training at the Central Office in Jefferson City, MO. This training includes techniques for interviewing sexual abuse victims, proper use of the Miranda and Garrity warnings, sexual abuse evidence collection in confinement setting, criteria and evidence to substantiate a case for administrative action or prosecution referral. In 2017, the OPS PREA Unit began utilizing the National Institute of Correctional for training of newly hired investigators completion of the PREA Specialized Investigators Training. Confirmation of investigators' completion of specialized training was confirmed through a computer-generated roster identified as completed PREA Specialized Investigator Training. The OPS Investigator articulated the training completed during the interview process.

#### Standard 115.35: Specialized training: Medical and mental health care

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? ☒ Yes ☐ No

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? ☒ Yes ☐ No

#### 115.35 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.) ☒ Yes ☐ No ☐ NA

#### 115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? ☒ Yes ☐ No

#### 115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? ☒ Yes ☐ No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.13 Offender Sexual Abuse and Sexual Harassment; PREA Specialized Training for Medical and Mental Health Training 2016, and 2018; Interviews with the Director of Nurses/SANE Nurse; Chief of Mental Health; Health Services Administrator, MTC meet the mandate of this standard. All staff who provide health care and/or mental health services, have participated in a specialized training titled PREA-Specialized Medical/Mental Health Professional Training. The course is a 2.0 hours credit course. Staff members received training on the following topics, to include trauma-informed care, detecting and assessing signs of sexual abuse and sexual harassment, preserving

physical evidence, effective and professional response, reporting and the PREA standards and understanding sexual trauma in custody. The review of medical and mental health training records by the auditors confirmed that these employees also receive the same PREA training as correctional officers and have a duty to report when they have knowledge of sexual abuse.

A certificate of completion of the Adult/Adolescent SANE Preparation and Refresher curriculum from the SANE-SART Online Clinical Learning Program with earnings of 40 hours confirmed required training for the SANE Nurse. An interview with the SANE Nurse indicated she does conduct the forensic examinations at the facility for offender on offender sexual abuse with penetration she has to report to the facility within 4 hours of the report. SANE Nurses are required to complete refresher SANE training every 5 years also PREA refresher training on-line through DOCOTA with MDOC staff. Any allegation of sexual abuse of staff on offender would be conducted at a local hospital.

## **SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS**

### **Standard 115.41: Screening for risk of victimization and abusiveness**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.41 (a)**

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No
- Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No

#### **115.41 (b)**

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?  
☒ Yes ☐ No

#### **115.41 (c)**

- Are all PREA screening assessments conducted using an objective screening instrument?  
☒ Yes ☐ No

#### **115.41 (d)**

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? ☒ Yes ☐ No

#### 115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? ☒ Yes ☐ No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? ☒ Yes ☐ No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse? ☒ Yes ☐ No

#### 115.41 (f)

- Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? ☒ Yes ☐ No

#### 115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a: Referral?  
☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to a: Request?  
☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to a: Incident of sexual abuse? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to a: Receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness? ☒ Yes ☐ No

#### 115.41 (h)

- Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? ☒ Yes ☐ No

#### 115.41 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.13 Offender Sexual Abuse and Harassment; Memorandum to Wardens from Director of Adult Correctional Institutions; IS5-2.3 Offender Internal Classification; Excerpts from the Adult Internal Risk Assessment (AIRA) Manual; Completed AIRA Screening Forms, and Interviews with Intake/Staff who perform risk screening and the Offender Population, MTC exceeds the mandate of this standard. A memorandum from the Director of Adult Correctional Institution addressed

to Warden identified effective September 15, 2014, the AIRA would be brought on-line while identifying the use and purpose to include conducting PREA risk assessments. MTC received 858 offenders at the facility during the past 12 months of the audit. There were 831 offenders admitted to the facility during the past 12 months whose length of stay in the facility was for 30 days or more. There were 858 offenders admitted to the facility during the past 12 months whose length of stay in the facility was for 72 hours or more. There were zero offenders at MTC who were admitted prior to August 20, 2012. Eight hundred fifty-eight offenders entered the facility (either thought intake or transfer) within the past 12 months (whose length of stay in the facility was for 30 days or more) who were reassessed for their risk of sexual victimization or of being sexually abusive within 25 - 30 days after their arrival at the facility based upon any additional, relevant information received since intake. Staff who conduct the initial intake screening also conduct the offender's reassessment 25-30 days after his arrival based on the facility requirement. The auditors were provided with documentation identifying the offenders' arrival date, date of the 72-hour assessment and date of the 30-day reassessment for numerous of offenders. Staff utilize the MOCIS assessment module on the computer which notifies us when an assessment is due. The auditors randomly reviewed 114. All 114 initial 72-hour assessments and 30-day reassessments were completed in accordance to the agency's policy and PREA standard 115.41. There were zero discrepancies noted. In instances when staff does not conduct the 72-hour assessment and/or 30-day reassessment timely, staff are required to submit a memorandum to the Deputy Warden of Offender Management stating why it was not completed timely and when it was completed. The initial screening and reassessments are conducted in a private setting in the inmate's assigned housing unit by Case Managers who are assigned these duties. The offenders who are required to be placed in the segregation unit are screened by the Case Manager assigned to that unit. The screening instrument includes whether the offender has a mental, physical, or developmental disability, the age and physical build of the offender, previously incarceration history, whether the offender's criminal history is exclusively nonviolent, prior convictions for sex offenses, whether the offender is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming, past sexual victimization, self-perception of vulnerability and civil immigration status. Offenders that are identified as potential victims are referred for a mental health evaluation. The offender's completed risk of victimization or abusiveness is maintained in the AIRA. The offender's own view of safety is addressed during the interview process. Information obtained during the initial assessment and reassessment summary is placed in the offender's classification file. These files are accessible to identified authorized staff only that includes the Case Managers, Functional Unit Managers, Warden and Deputy Wardens. Information obtained during the assessments determines how offenders are scored such as Alpha (high risk of abusiveness), Kappa (low risk of abusiveness or victimization) or Sigma (high risk of victimization). Offenders are not disciplined for refusing to answer or for not disclosing complete information related to the screening questions. Interviews staff who conduct risk assessments stated they have never had an offender refuse to answer questions during the risk assessments and additional questions are asked based on the offender's responses to the yes and no questions.

## **Standard 115.42: Use of screening information**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.42 (a)**

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? ☒ Yes ☐ No

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? ☒ Yes ☐ No

#### 115.42 (b)

- Does the agency make individualized determinations about how to ensure the safety of each inmate? ☒ Yes ☐ No

#### 115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? ☒ Yes ☐ No
- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems? ☒ Yes ☐ No

#### 115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate? ☒ Yes ☐ No

#### 115.42 (e)

- Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? ☒ Yes ☐ No

#### 115.42 (f)



- Are transgender and intersex inmates given the opportunity to shower separately from other inmates? ☒ Yes ☐ No

#### 115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No.

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.13 Sexual Abuse and Harassment; IS18-1.1 Required Activities; IS5-3.3 Transgender and Intersex Offenders; IS5-3.1 Offender Housing Assignments; Expanded Requirements of the Transgender Team; Warden's Inter-Officer Memorandum PREA Risk Score Utilized at Work Sites; Offender Placement via PREA Scoring Guidance to Staff by Warden; Memorandum from Director of Adult institutions; Interviews with Warden, PREA Site Coordinator and Staff who Perform Screening for Risk of Victimization and Abusiveness, MTC meets the mandate of this standard. MTC uses information from the risk assessment to make housing and bed assignments with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive. Based on information obtained during the assessment, offenders are scored as Alpha (high risk of abusiveness), Kappa (low risk of abusiveness or victimization) or Sigma (high risk of victimization). The information obtained is used by staff to make individualized determinations on how to ensure the safety of each offender. Alpha and Sigma are not housed in the same unit. Upon the offenders' arrival at MTC, all offenders are assessed for risk of sexual victimization and potential for sexual perpetration. Offenders are assigned a score of either Alpha, Kappa, or Sigma.

Alpha offenders have a high potential for sexual perpetration. Kappa offenders have no risk for either victimization or perpetration. Sigma offenders have a high risk for sexual victimization. Offenders identified as Alpha and Sigma are never assigned to the same housing unit.

MTC has instituted a procedure for worksite supervisors to monitor offenders for risk of victimization/perpetration. A list of all Alpha offenders is available on the I-Drive in the Classification folder and will be updated on a daily basis by the Case Managers. It is the responsibility of each section head to utilize this list daily for offenders that work in your area. If any offender workers are on this list, the direct line supervisors must be notified to ensure the offenders are not assigned tasks or have the opportunity to work in isolated areas with other offenders not on the list. These workers are required to be directly supervised by staff to ensure the safety of the offender workforce. The Alpha list is confidential and shall not be in view of those who don't need it, especially offenders.

Although there has been zero transgender and/or intersex offenders designed at MTC in the past 12 months, policy dictate housing would be consider on a case-by-case basis, placement would consider the offenders health and safety, and whether the placement would present management or security problems. Interviews with staff confirmed a transgender or intersex offender's own view with respect to his or her own safety would be given consideration. Since MTC had no transgender offenders within the last 12 months, there were no transgender committee reports and and/or six months reassessment conducted for review by the auditors.

## Standard 115.43: Protective Custody

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? ☒ Yes ☐ No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? ☒ Yes ☐ No

#### 115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have Access to: Programs to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have Access to: Privileges to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have Access to: Education to the extent possible? ☒ Yes ☐ No

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have Access to: Work opportunities to the extent possible? ☒ Yes ☐ No
- If the facility restricts Access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? ☒ Yes ☐ No
- If the facility restricts Access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? ☒ Yes ☐ No
- If the facility restricts Access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? ☒ Yes ☐ No

#### 115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? ☒ Yes ☐ No
- Does such an assignment not ordinarily exceed a period of 30 days? ☒ Yes ☐ No

#### 115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety? ☒ Yes ☐ No
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? ☒ Yes ☐ No

#### 115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** *(Requires Corrective Action)*

In accordance with the review of D1-8.13 Offender Sexual Abuse and Harassment; Involuntary Segregated Housing for Protective Custody; Directive from Director of Adult Correctional Institutions reference to offender classification; AIRS Manual; IS21-1.1 Temporary Administrative Segregation Confinement,; Interviews with Warden and Staff Assigned to Supervise Segregated Housing, MTC meets the mandate of this standard. The agency and MTC has policies and procedures in place that ensure offenders at high risk for sexual victimization are not placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. If an offender would be placed in involuntary segregation housing, the offender would have a review conducted by the Shift Commander, Warden and Classification Committee. Alleged victims of sexual abuse or offenders viewed as being at risk of victimization shall not be assigned to administrative segregation protective custody for no longer than a 30- day period. Interviewed staff indicated that if it became necessary to utilize restricted housing for this purpose, the inmate would have access to programs, privileges, education, and work opportunities to the extent possible as general population and any restrictions would be document the basis for the facility's concern for the offender's safety and the reason why no alternative means of separation be arranged. Housing of such would only be utilized as needed until other means can be made available and only until the investigation is completed. Per an interview with the Warden, she confirmed offenders at high risk for sexual victimization placement in involuntary segregated housing has not been utilized at MTC. If circumstances were required, the offender would only be placed there until other arrangements could be made.

## REPORTING

### Standard 115.51: Inmate reporting

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### 115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? ☒ Yes ☐ No

#### 115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No

- Does that private entity or office allow the inmate to remain anonymous upon request?  
☒ Yes ☐ No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? ☒ Yes ☐ No

#### 115.51 (c)

- Does staff Accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? ☒ Yes ☐ No
- Does staff promptly document any verbal reports of sexual abuse and sexual harassment?  
☒ Yes ☐ No

#### 115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.13 Sexual Abuse and Harassment; MTC Arrival Packet; PREA Posters and Brochure; MTC Coordinated Response Plan; MOU with Department of Public Safety and the PREA Hotline information, D1-8.9 Crime Tips and PREA Hotlines; Agency's website; Third Party Reporting Investigative Reports; MDOC Employee Handbook; Interviews with Staff, and Offenders, MTC meets the mandate of this standard. A variety of procedures have been established both internally and externally that allows the offenders to report sexual abuse and harassment. Offenders receive a copy of the Offender Handbook/Offender Rules during the intake process which advises them they may contact any staff member either verbally or in writing whether the alleged incident involved the reporting offender or not, call the Department's Confidential PREA Hotline, pressing "8" or dialing (573) 526-PREA (7732), write to the Missouri Department of Public Safety, Crime Victims Services Unit @ P.O. Box 49, Jefferson City, MO 65102. Confirmation of the offenders' access to the PREA Hotline was obtained during testing of the offenders' telephone system. Reports to the Missouri Department of Public Safety, Crimes Victims' Unit may be made confidentially and remain anonymous upon request. Offenders may also report allegations to third parties who in turn would contact the MDOC concerning the allegations. All allegations, including anonymous allegations, are investigated. Documentation of third-party reports of PREA allegations and investigations were reviewed. Agency policy requires staff

accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties. MTC does not house offenders solely for civil immigration offenses.

Staff identified several avenues in which the offenders could privately report sexual abuse/harassment that included the tips hotline, speak directly to any staff member, report to OPS Investigative staff, and/or have a family member or friend call the facility and report for them. Staff confirmed that would document all verbal reports of sexual abuse/harassment prior to departing from their shift.

Forty-one offenders were interviewed, and all indicated they were familiar with ways to report sexual abuse and/or harassment allegations. Offenders indicated at least two or more of the following methods of reporting: report to staff, file a grievance, have a family member or friend report for them, write the Missouri Department of Public Safety and/or anonymously. An interview with the OPS Investigator confirmed all allegations reported to include anonymous and third party are investigated in accordance to MDOC policy and the PREA standards. An available method to reporting sexual abuse/harassment allegations for offenders is available to the public through the Agency's website at <http://doc.mo.gov/OD/PREA.php>.

## **Standard 115.52: Exhaustion of administrative remedies**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.52 (a)**

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.  
☐ Yes ☒ No ☐ NA

#### **115.52 (b)**

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

#### **115.52 (c)**

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

#### 115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

#### 115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

#### 115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a Substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance alleging an inmate is subject to a Substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the Substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA



- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in Substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

#### 115.52 (g)

- If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.13 Offender Sexual Abuse and Harassment; D5-3.2 Offender Grievance; MTC Offender Arrival Packet; Offender PREA Grievance Flow Chart for Sexual Abuse Grievances Only; Interviews with offender population and Grievance Officer, MTC meets the mandate of this standard. Offenders are informed of the grievance process during orientation. This information is also included in the MTC Arrival Packet pages 4-5. Offenders are required to use any informal grievance or complaint process. Offenders do not have a time limit imposed for submitting a grievance related to an allegation of sexual abuse. Offenders will not submit a complaint to a staff member who is the subject of the complaint. Agency policies and procedures require a decision on the merit of any grievance or portion of a grievance alleging sexual abuse to be made with 90 days of filing the grievance. Staff are required to notify the offender in writing when the agency files for an extension, including notice of the date by which a decision will be made. MDOC authorizes assistance for filing these grievances by third parties, to include other offenders, family members, friends, attorneys, and outside advocates. The agency policies also address the offender's opportunity to file an emergency grievance alleging they are a subject to a substantial risk of imminent sexual abuse. Under these

circumstances, the agency is required to issue a response to the offender within 48 hours upon receipt of the grievance and a final decision must be issued within 5 days.

An interview was conducted with the Grievance Officer. Zero grievances for files by the offender population or on the behalf of an offender regarding a PREA allegation during the past 12 months of the audit. Upon receipt of a grievance alleging a PREA allegation, the grievance would immediately be forwarded for investigation by the OPS Investigators. The investigative response is required to be completed within 30 days.

## **Standard 115.53: Inmate Access to outside confidential support services**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.53 (a)**

- Does the facility provide inmates with Access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrants services agencies? ☒ Yes ☐ No
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

#### **115.53 (b)**

- Does the facility inform inmates, prior to giving them Access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in Accordance with mandatory reporting laws? ☒ Yes ☐ No

#### **115.53 (c)**

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse? ☒ Yes ☐ No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☒ Yes ☐ No

### **Auditor Overall Compliance Determination**

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review D1.8.13 Offender Sexual Abuse and Harassment, PREA Brochures, in the MTC Arrival Packet; List of Available National Sexual Abuse Agencies, Interviews with the PREA Site Coordinator, OPS PREA Coordinator, MTC meets the mandate of this standard. Offenders are provided with addresses and phone numbers to national sexual abuse agencies at the Just Detention International 3325 Wilshire Blvd., Suite 340 Los Angeles, CA.90010 (800) 223-5001, and Rape, Abuse and Incest National Network (RAINN) 1220 L Street NW, Suite 505 Washington DC.20005 (800) 656-HOPE (4673). Letters to the aforementioned addresses are confidential and not subject to examination by staff. This information is posted throughout the facility accessible to the offender and staff population in both English and Spanish. Although the offender population did not identify organizations as such during the interview process, they were aware of the flyers posted throughout the facility. The flyers note "Per department policy, mail will be subject to examination and phone calls may be monitored."

The OPS PREA Coordinator continues to solicit community rape crisis organizations throughout the State that is willing to establish a partnership with several of the agency facilities. However, at this time, an agreement has not been established for many of the facilities to include MTC. Efforts of the OPS PREA Coordinator is documented through logs. In lieu of local community victim advocates, the Chaplain and three additional staff have completed victim advocate training and serves as the qualified staff member available to provide emotional support services and counseling.

## Standard 115.54: Third-party reporting

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with a review of MDOC Policy D1-8.13, third party reporting posters and the MDOC PREA Policy Web Page (<http://www.doc.mo.gov/OD/PREA/PREA.php.html>) were reviewed and meets the mandate of this standard. The PREA link on the website provides information on third party reporting of alleged PREA incidents. The information on the web site encourages third parties to report allegations to call 573-526-9003; write PREA Unit Missouri Department of Corrections 2728 Plaza Drive Jefferson City, MO 65109 and/or Emailing DOC.PREA@doc.mo.gov. This information is included in the PREA brochures which are provided to each offender. Interviews with random staff and random offenders confirmed allegations of sexual abuse and/or sexual harassment of offenders could be reported by third party to include family, friends and other associates.

## OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

### Standard 115.61: Staff and agency reporting duties

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### 115.61 (a)

- Does the agency require all staff to report immediately and According to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and According to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and According to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?. ☒ Yes ☐ No

#### 115.61 (b)

- Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? ☒ Yes ☐ No

#### 115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? ☒ Yes ☐ No

#### 115.61 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? ☒ Yes ☐ No

#### 115.61 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third party and anonymous reports, to the facility's designated investigators? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.13 Offender Sexual Abuse and Harassment; D2-11.10 Staff Member Conduct; Coordinate Response for MTC; Examples of Third Party Reports and Anonymously Reported PREA Allegations; IS11-32 Receiving Screening-Intake Center; Missouri Revised Statutes Chapter 217 Department of Corrections Section 217.410; Meeting Minutes of PREA Staff Meeting; Missouri Revised Statutes Chapter 630 Department of Mental Health Section 630.005; MTC Coordinated Response Plan, and Interviews with Medical and Mental Health Staff, MTC meets the mandate of this standard. In accordance with policy, interviews with random and specialized staff, all were aware of their responsibility to immediately report and document any knowledge or suspicion of violation of this standard to include those by third party and/or anonymous to their immediate supervisor, Shift Commander or higher-ranking staff. All staff, volunteers, and contractors are to immediately report any knowledge, suspicion, or information regarding an incident of sexual of sexual abuse/harassment that occurred and any knowledge of retaliation against offenders or staff who reported such an incident and any staff member's neglect or violation of responsibilities that may have contributed to an incident or retaliation in reference to cooperating with the investigation. Those staff interviewed, indicated they would report all knowledge of PREA allegations on any and all staff without consideration of another's supervisory position or relationship with a co-worker.

Staff were knowledgeable of the agency's policy that prohibits them from discussing information related to sexual abuse reports with anyone other than those to the extent necessary such as those who perform

medical and mental health treatment, conduct investigations, and other security and management decisions.

Policy is in place to ensure unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners are required to report sexual abuse pursuant to the first paragraph of this section and to inform offenders of the practitioner's duty to report and the limitations of confidentiality at the initiation of services. Interviews with the Chief Mental Health Administrator, SANE Nurse, and Health Services Administrator, each advise the offender at the initiation of services in their limitations of confidentiality and their duty to report. Staff reported they are required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to a designated supervisor or official immediately upon learning of it. MTC does not house any offenders under the age of 18.

## Standard 115.62: Agency protection duties

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.62 (a)

- When the agency learns that an inmate is subject to a Substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

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In accordance with the review of D1-8.13 Offender Sexual Abuse and Harassment; IS5-2.3 Offender Internal Classification; Directive Segregated Housing for Protective Custody, and Interview with the Warden, MTC meets the mandate of this standard. The agency has policies and procedures in place in where staff are trained to ensure that upon their awareness an offender is subject to a substantial risk of imminent sexual abuse, immediate actions are taken to protect the offender. An offender housing and job assignments could be changed and/or one of the offenders could be transferred based on the nature of the reported allegation and the potential harm to the offender identified at risk of imminent sexual abuse. Per interview with the Warden, MTC does not have a protective custody unit, but does have possible enemies. Upon staff receiving a notification that an offender is at risk; the information would be forwarded to an Investigator and the offender would only be placed in segregation for only as long as other arrangements could be made

The auditors presented random staff with a variety of scenarios for a response to their actions upon becoming aware an offender is subject to a substantial risk of imminent sexual abuse. Each staff member

interviewed confirmed they would immediately remove the offender from the area of threat and notify their security supervisor and await further guidance. Staff confirmed under no circumstances would they not take immediate actions of removing the offender under such conditions.

## Standard 115.63: Reporting to other confinement facilities

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.63 (a)

- Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? ☒ Yes ☐ No

#### 115.63 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? ☒ Yes ☐ No

#### 115.63 (c)

- Does the agency document that it has provided such notification? ☒ Yes ☐ No

#### 115.63 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in Accordance with these standards? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.13 Offender Sexual Abuse and Harassment, Review of the PREA Allegation Notification Checklist Institution, Review of Investigative Files, Interview with the Warden, OPS PREA Coordinator, and PREA Site Coordinator, MTC meets the mandate of this standard. When receiving an allegation that an offender alleges occurred at another Missouri Department of Corrections facility, MTC initiates a coordinated response for offender sexual abuse. All relevant information is then immediately forwarded to the site coordinator of the facility where the abuse was alleged to have occurred. If the abuse is alleged to have occurred at a facility outside of the Missouri Department of Corrections, a coordinated response is initiated and forwarded to the PREA coordinator within 72 hours and OPS PREA Unit for investigation. MTC has not received any notifications from other facilities



regarding any allegations of possible PREA events occurred while at MTC. On June 12, 2017, a newly arrived offender advised Intake Staff he had been previously sexual abused while at another correctional facility in 2013. The offender stated he had not previously reported the incident to staff. Electronic notification documented the allegation was forwarded to the PREA Site Coordinator, Mental Health, Medical, OPS PREA Coordinator, and OPS Investigative Staff on the day the offender reported the allegation.

## Standard 115.64: Staff first responder duties

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser? ☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? ☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

#### 115.64 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.13 Sexual Abuse and Harassment; Prison Rape Elimination Act (PREA) - MDOC Basic Training Section of First Responder; Copies of PREA Allegation Notification Checklist- Institution; MTC Coordinated Response Protocol; Interviews with Supervisory Staff, Random Staff, Warden, and PREA Site Coordinator, MTC meets the mandate of this standard. Policies are in place to ensure upon learning of an allegation that an offender was sexually abused, the first staff member to respond to the report shall be required to: 1) separate the alleged victim and abuser; 2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; 3) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any action that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and 4) If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating defecating, smoking, drinking or eating.

In the past 12 months there were six allegations of sexual abuse were reported at MTC that included allegations of staff on offender and offender on offender. There were zero incidents in which security staff and/or non-security staff served as a first responder where the alleged victim was requested to not take any actions that could destroy physical evidence. Both security staff and non-security are trained to serve as first responders to allegations of sexual abuse. Security staff and non-security staff interviewed confirmed their understanding of the agency's Coordinated Response Protocol and their understanding in acting as a first responder. The auditors introduced different scenarios to staff during the interview process that allowed staff to respond to different events in which they could serve as a first responder. All staff to include security and non-security articulated the response protocol duties as noted in policy while notifying the Shift Commander and their immediate supervisor. Security staff and non-security staff are issued PREA cards to utilize as a reference when serving as a first responder. Staff maintained possession of these cards and presented them to the auditors during the interview process.

## Standard 115.65: Coordinated response

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### 115.65 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with a review of PREA Allegation Notification Checklist – Institution; Coordinated Response for MTC; Interviews with Random and Specialized Staff, Warden, PREA Site Coordinator, OPS PREA Coordinator, MTC meets the mandate of this standard. The MTC Coordinated Response Plan coordinates the actions taken in response to an incident of sexual abuse among first responders, security, facility leadership, and victim advocate. Staff first responders, medical and mental health practitioners, investigators, and facility leadership have designated roles. The Protocol list provides guidance for the reporting of various allegations that include: Definitions; Basic Roles & Responsibilities; Penetration/ Sexual assault Exam; Penetration/ No Sexual assault Exam; Non-penetration Events; Penetration Events; Sexual Harassment; Exceptions and Resources.

### **Standard 115.66: Preservation of ability to protect inmates from contact with abusers**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.66 (a)**

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? ☒ Yes ☐ No

#### **115.66 (b)**

- Auditor is not required to audit this provision.

#### **Auditor Overall Compliance Determination**

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D2-11.6 Labor Organizations; Final Agreement between The State of Missouri Office of Administration, The Department of Corrections Division of Adult Institutions, and Missouri Correctional Officer Association (MOCOA), and Interviews with the Warden, Director of Adult Correctional Institutions, OPS PREA Coordinator, PREA Site Coordinator, MTC meets the mandate of

this standard. MDOC currently does not have a Union. MDOC will not enter into or renew any collective bargaining agreements or other agreements that limit the department's ability to remove alleged staff sexual abusers from contact with any offender or offender pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. The facility can remove alleged staff sexual abusers from contact with any offenders or place an employee on administrative leave pending the outcome of an investigation and is compliant with this standard.

## **Standard 115.67: Agency protection against retaliation**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.67 (a)**

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? ☒ Yes ☐ No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

#### **115.67 (b)**

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? ☒ Yes ☐ No

#### **115.67 (c)**

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? ☒ Yes ☐ No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

#### 115.67 (d)

- In the case of inmates, does such monitoring also include periodic status checks? ☒ Yes ☐ No

#### 115.67 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation? ☒ Yes ☐ No

#### 115.67 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.13 Offender Sexual Abuse and Harassment, Assessment/Retaliation Status Checklist, Interviews with Director of Adult Institutions, Staff Assigned to Monitor Retaliation, and Warden, MTC meets the mandate of this standard. The Functional Unit

Managers are assigned to conduct retaliation monitoring for offenders who are assigned to their respective housing unit. The PREA Site Coordinator is assigned to conduct staff retaliation monitoring. Interviews with staff assigned to monitor retaliation confirmed the initiation of monitoring begins after the allegation has been reported. After the initial contact, emotionally support services and monitoring is continued 30 days from the initial contact, followed by 60 days and 90 days. A multiple of protection measures are made following any retaliation claims that includes gathering evidence to confirm or rebuke the claims. If deemed necessary, staff will be temporarily reassigned, or the offender will be moved to another housing location. Offenders are monitored for housing changes, program changes, disciplinary reports, and negative performance reviews by staff, treatment of offenders who reported the sexual abuse to see if there are changes that may suggest retaliation by offenders or staff. If the victim expresses fear of retaliation, monitoring will continue for an additional 90-day period or until the victim or reporter is no longer in fear of retaliation or if the investigation or inquiry is unfounded.

Except in instances where the agency determines that a report of sexual abuse is unfounded. Retaliation monitoring was properly documented by the assigned Retaliation Monitor and ended eat the point when the threat of retaliation no longer existed. Staff documented meeting dates and conversations held while addressing any concerns on the Assessment/Retaliation Status Checklist.

An interview with the Warden confirmed options include a staff would be reassigned to the Control Center and an offender would be transferred if necessary.

MTC has not had any instances reported that staff or an offender felt retaliated against within the last 12 months.

## Standard 115.68: Post-allegation protective custody

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.13 Offender Sexual Abuse and Harassment; Directive Segregated Housing for Protection; ion IS21.1 Temporary Administrative Segregation Confinement and

the Involuntary Segregated Housing of Protective Custody Protocol, Interviews with Staff assigned to Supervise Segregated Housing, and Warden, MTC meets the mandate of this standard. The agency has policies and procedures in place that offenders at high risk for sexual victimization are not placed in involuntary segregated housing unless an assessment of all available alternatives is available. If an offender would be placed in involuntary segregation housing, the offender would have a review conducted by the Shift Commander, Warden and Classification Committee. Alleged victims of sexual abuse or offenders viewed as being at risk of victimization should not be assigned to administrative segregation protective custody for no longer than a 30-day period. Per an interview with the Warden, zero offenders have been placed in segregate housing for the purpose of protecting them due to their reported allegation of having been sexual abused in the past 12 months of the audit.

## INVESTIGATIONS

### Standard 115.71: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

#### 115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? ☒ Yes ☐ No

#### 115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☒ Yes ☐ No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?  
☒ Yes ☐ No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ☒ Yes ☐ No



#### 115.71 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? ☒ Yes ☐ No

#### 115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? ☒ Yes ☐ No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? ☒ Yes ☐ No

#### 115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? ☒ Yes ☐ No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? ☒ Yes ☐ No

#### 115.71 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? ☒ Yes ☐ No

#### 115.71 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? ☒ Yes ☐ No

#### 115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? ☒ Yes ☐ No

#### 115.71 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? ☒ Yes ☐ No

#### 115.71 (k)

- Auditor is not required to audit this provision.

### 115.71 (I)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with a review of Directive D1-8.1 Office of Professional Standards; OPS Investigative Staff Training Records, Reported Allegation of Sexual Abuse; Review of Investigative Files, Agency Record Retention Schedule; Interviews with Director of Adult Institutions, OPS PREA Coordinator, OPS Investigator, Facility Investigator and Warden, MTC meets the mandate of this standard. A computer-generated roster documented completed specialized training of all OPS Investigators who are authorized to conduct administrative and criminal investigations of sexual harassment and sexual abuse within MDOC. A facility investigator is assigned to conduct administrative sexual harassment allegations. The PREA Unit in the Office of Professional Standards conducts all offender sexual abuse investigations. Sexual harassment and allegations involving searches are conducted by trained institutional investigators. When an investigator believes there is probable cause that a criminal act has been committed, the investigator conducting the investigation shall notify the Chief Administrative Officer (CAO), who will determine whether law enforcement should be contacted to complete the investigation. If law enforcement declines to investigate the incident, the OPS Investigators complete the investigation and processing of the incident. If the investigation determines that a criminal act has occurred, the CAO then refers the incident to the appropriate prosecutor's office. In cases where the investigations are conducted by the PREA Unit, OPS Investigators notifies the OPS Director who will review the incident for possible referral to the prosecuting attorney or an outside law enforcement agency. Under circumstances of employee related cases, the OPS Investigators notify the OPS director who reviews the incident for possible referral to the prosecuting attorney or an outside law enforcement agency. The OPS Investigators maintain an open line of communication with investigators from outside agencies while providing additional support as needed. The auditors randomly selected seven completed investigative files for review that included a variety of substantiated, unsubstantiated, and unfounded findings. An interview with the OPS Investigator and review of the investigative files confirmed the collection of evidence to support the finding of each investigation. The investigations were thorough and the investigative files contained interviews with alleged victims, suspected perpetrators, and witnesses, any available physical evidence, video monitoring, pictures, background of both the alleged victim and alleged perpetrator, whether staff actions or failure to act contributed to the abuse, review of prior complaints of sexual abuse involving the suspected perpetrator. The credibility of an alleged victim, suspect, or witness is assessed on an individual basis and not determined by the person's status as an offender or staff.

Offenders who allege sexual abuse are not required to submit to a polygraph examination or other truth telling device as a condition for proceeding with the investigation of such an allegation. Additionally, the departure of the alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation. Two staff resigned during investigations that included PREA allegations. The investigations continued. All investigative files are retained for 90 years.

Thirteen allegations of sexual abuse and sexual harassment were referred for investigation by the OPS PREA Unit Investigators. Seven resulted in an administrative investigation seven were referred for criminal investigations. Two were referred for criminal prosecution. The allegations and findings were identified as the following:

One staff on offender sexual abuse with a finding of Unfounded.

Three employees on offender sexual abuse (misconduct with no penetration alleged). Two were determined as Unsubstantiated and one was determined as Substantiated.

Four employees on offender sexual harassment. Two determined as unfounded one was determined as substantiated and one determined as unsubstantiated.

One offender on offender sexual abuse (misconduct with no penetration alleged) was reported with a finding of unsubstantiated.

Two offenders on offender sexual harassment was reported and both investigations were determined to be unfounded.

Two offenders on offender sexual abuse allegations were reported. One was determined as unsubstantiated and one was determined as unfounded.

## Standard 115.72: Evidentiary standard for administrative investigations

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report 115.72 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with D1-8.13 Offender Sexual Abuse and Harassment, and interview with the OPS Investigator, the agency imposes no standard higher than a preponderance of the evidence whether

allegations of sexual abuse or sexual harassment are substantiated. MTC meets the mandate of this standard

## Standard 115.73: Reporting to inmates

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.73 (a)

- Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? ☒ Yes ☐ No

#### 115.73 (b)

- If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) ☐ Yes ☐ No ☒ NA

#### 115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer posted within the inmate's unit? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer employed at the facility? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

#### 115.73 (d)

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the

alleged abuser has been indicted on a charge related to sexual abuse within the facility?

☒ Yes ☐ No

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

#### 115.73 (e)

- Does the agency document all such notifications or attempted notifications? ☒ Yes ☐ No

#### 115.73 (f)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review D1-8.13; Review of Completed Investigation Files; PREA Alleged Sexual Abuse by Staff Member Notifications; PREA Alleged Sexual Abuse by Offender Notifications; and Interviews with Warden, OPS Investigator, PREA Site Coordinator, OPSP PREA Coordinator, MTC meet the requirements of this standard. Procedures are in place to notify the offender upon closure of the investigation the determined findings of substantiated, unsubstantiated, or unfounded sexual abuse investigations. The OPS Investigator (PREA Unit) provides notification to each MDOC facility of their investigative findings. The PREA Unit is tasked with drafting the offender notification letters within 30 days from the date an investigation is closed. The notification letter is forwarded to the site coordinator at the facility where the offender is housed. The PREA Site Coordinator/designee meets with the offender, has the offender sign the notification and offers a copy to the offender. The PREA Site Coordinator then returns the signed notification to the PREA Unit to be maintained within the official investigative file.

The Functional Unit Managers are assigned to deliver the notification to offenders assigned to their housing unit in a sealed envelope. All notifications are in writing, documented and signed by the offender and staff issuing the findings. There were seven allegations of sexual abuse reported. Notification of the findings were delivered to the reporting offender. Two of the reporting offenders were released from MDOC prior to the completion of the investigation. Five offenders received notifications. Offenders are not discipline for refusing to sign. In the event that the investigation is conducted by an outside agency, the OPS PREA Unit will request relevant information from the outside agency in order

to inform the offender of the outcome of the investigation. However, there were zero investigations completed by an outside agency.

## Standard 115.76: Disciplinary sanctions for staff

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.76 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? ☒ Yes ☐ No

#### 115.76 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? ☒ Yes ☐ No

#### 115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? ☒ Yes ☐ No

#### 115.76 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.13 Offender Sexual Abuse and Harassment; D2-11.10 Staff Member Conduct: DORS PREA Log for Staff and Contract Staff; Review of Completed Investigative Files, Interviews with OPS PREA Coordinator, PREA Site Coordinator, MTC meets the mandate of this standard. Policy address disciplinary sanctions of employees up to removal for PREA related issues. Staff members are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse/harassment procedures. Termination from the agency will be the presumptive disciplinary action for staff members who have engaged in sexual abuse. All termination for violations or the resignation of a staff member, who would have been terminated if not for their resignation, will be reported to relevant licensing or accreditation bodies and law enforcement. Per Warden, staff would be placed on no contact with offenders until cleared by the OPS Investigators. Staff interviews revealed an awareness of the agency's zero tolerance policy and disciplinary procedures that pertains to sexual abuse and sexual harassment. One staff received a negative log entry following a Substantiated finding of sexual harassment. Two staff resigned during investigations that included PREA allegations. The investigations continued and completed.

## **Standard 115.77: Corrective action for contractors and volunteers**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.77 (a)**

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? ☒ Yes ☐ No

### **115.77 (b)**

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates? ☒ Yes ☐ No

### **Auditor Overall Compliance Determination**

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)



☐ **Does Not Meet Standard** *(Requires Corrective Action)*

In accordance with the review of D1-8.13 Offender Sexual Abuse and Harassment and D2-13.1 Volunteers, Interviews with Contract Staff, Volunteers, and Warden, MTC meets the mandate of this standard. MDOC has a zero-tolerance involving sexual abuse and sexual harassment of offenders by contractors and volunteers. The policies outline criminal actions taken in the event a volunteer or contractor sexual abuses or participates in sexual harassment. These policies also require that contractors or volunteers who commit the prohibited act of engaging in sexual abuse are reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Per the Warden and investigation would be conducted and their entry would be terminated until the conclusion of the investigation and they are cleared by the OPS investigator. If an investigation is determined to be substantiated, they would be terminated and not allowed back in the facility. Interviews were conducted with two (2) volunteers and three (4) contractors, all were aware of the policies as outlined. MTC reported there were zero incidents reported of volunteers and/or contractors engaging in sexual abuse of an offender since the past twelve months.

## **Standard 115.78: Disciplinary sanctions for inmates**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.78 (a)**

- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process? ☒ Yes ☐ No

#### **115.78 (b)**

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories? ☒ Yes ☐ No

#### **115.78 (c)**

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior? ☒ Yes ☐ No

#### **115.78 (d)**

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of Access to programming and other benefits? ☒ Yes ☐ No

**115.78 (e)**

- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact? ☒ Yes ☐ No

**115.78 (f)**

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? ☒ Yes ☐ No

**115.78 (g)**

- Does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.) ☒ Yes ☐ No. ☐ NA

**Auditor Overall Compliance Determination**

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with a review of Directive D1-8.13 Offender Sexual Abuse and Harassment; Directive – Disciplinary Sanctions and Mental Health; IS19-1.1 Conduct Rules & Sanctions; Mental Health Notification/Sexual Assault Conduct Violation Letter; Memorandums of Facts. MTC meets the mandate of this standard. Policy outline disciplinary sanctions that may be imposed on offenders who engage in sexual abuse and sexual harassment. Offenders are subject to discipline internally for inmate on inmate sexual abuse. Inmates are only disciplined for sexual relations with staff in cases where it is determined to be without consent from staff. All acts of sexual activities between offenders are prohibited and offenders determined to have committed this act will receive discipline, but only under the findings that the act was not coerced by staff or other offenders. Disabilities and mental illness factors contributing to the acts of an offender's participation in sexual activities will be considered during the discipline process. An offender reporting an allegation of sexual abuse in good faith, in which the finding was determined not to be substantiated, will not receive discipline for making the report. If an offender is found to be guilty of sexual abuse, the offender will be referred to appropriate treatment (therapy, counseling) by mental health staff members, as available, in accordance with divisional and institutional services procedures regarding conduct violations and disciplinary sanctions. This procedure was confirmed during an interview with the Chief of Mental Health. In the past twelve months, MTC has had no

substantiated investigations to utilize Mental Health input forms. MTC has had no incidents where an offender was issued a conduct violation for sexual contact with staff after a finding that the staff member did not consent to such contact.

MTC reported one (1) substantiated incident of offender on offender sexual harassment. The offender was referred to administrative segregation. There were zero findings of substantiated allegations concluded for sexual abuse.

## **Standard 115.81: Medical and mental health screenings; history of sexual**

### **MEDICAL AND MENTAL CARE**

## **abuse**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.81 (a)**

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) ☒ Yes  
☐ No ☐ NA

#### **115.81 (b)**

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) ☒ Yes ☐ No ☐ NA

#### **115.81 (c)**

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? ☒ Yes ☐ No

#### **115.81 (d)**

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? ☒ Yes ☐ No

### 115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of IS11-32 Receiving Screening- Intake Center; MDOC PRE Risk Manuel; Mental Health Log; Informed Consent for Mental Health Treatment Services; D1-8.13 Offender Sexual Abuse and Harassment; IS11-32 and Corizon Health Contractual Requirements, MTC meet the requirement of this standard. Offenders at MTC are offered follow up meetings with medical or mental health professionals if they disclosed any prior sexual victimization. This is also offered to offenders who have previously perpetrated sexual abuse. SOP DI-8.13 Offender Sexual Abuse and Harassment, page 10, Section III (C) (5) states, If the screening indicates that an offender has experienced prior sexual victimization, whether it occurred in a correctional setting or in the community, staff members shall ensure that the offender is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. If the screening indicates that an offender has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff members shall ensure that the offender is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. Medical and mental health practitioners and documentation confirmed they obtain informed consent from offenders at the initiation of providing services to offender regards reporting information about prior sexual victimization that did not occur in an institutional setting.

IS11-32 Receiving Screening – Intake Center, pages 4 -5, Section III (B) states, if during the screening, the offender reports being sexually abused within the last 72 hours or if a forensic exam is deemed medically necessary, the coordinated response to offender sexual abuse will be initiated in accordance with departmental procedures regarding offender sexual abuse and harassment. If the screening indicates the offender has experienced prior sexual victimization and a forensic exam is not deemed medically necessary, the coordinated response protocol will not be initiated, and the offender will be offered a follow-up meeting with a medical and/or mental health practitioner within 14 days of the intake screening. If the screening indicates the offender has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff members shall ensure that the offender is offered a follow-up meeting with a qualified mental health practitioner within 14 days of the intake screening. Policy mandates that all information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff, as necessary, to allow for informed decisions for treatment plans, security and management decisions. Health services staff confirmed an informed consent is obtained from offenders in accordance

with institutional services regarding informed consent at the initiation of services before reporting information about prior sexual victimization that did not occur in an institutional setting.

MTC has had zero instances in where consent to report history forms for prior sexual victimization that did not occur in an institutional setting.

## **Standard 115.82: Access to emergency medical and mental health services**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.82 (a)**

- Do inmate victims of sexual abuse receive timely, unimpeded Access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners According to their professional judgment? ☒ Yes ☐ No

#### **115.82 (b)**

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? ☒ Yes ☐ No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

#### **115.82 (c)**

- Are inmate victims of sexual abuse offered timely information about and timely Access to emergency contraception and sexually transmitted infections prophylaxis, in Accordance with professionally Accepted standards of care, where medically appropriate? ☒ Yes ☐ No

#### **115.82 (d)**

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? ☒ Yes ☐ No

### **Auditor Overall Compliance Determination**

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.13 Sexual Abuse and Sexual Harassment; Sexual Assault Allegation Notification Form; MTC Coordinated Response Protocol; Mental Health Log; Corizon Health Contractual Requirements; Correspondence from Corizon Health Regional Director of Nursing; Interviews with Director of Nurses, SANE Nurse, Health Service Administrator, Chief of Mental Health Sexual Assault Nursing Protocol; Skills Competency Sexual Assault Nurse Examine; SANE-SART Online Clinical Lesson Plan, Medical Referrals, MTC meets the mandate of this standard. Policies are in place to ensure offender victims of sexual abuse receive timely unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. Emergency medical treatment is provided at the facility. Per the Regional Director of Nursing with Corizon Health nursing protocols are available to guide the nurses in the event of a reported sexual assault. Two protocols are in place, one is used when the report is received and another when the patient completes the forensic examination. The providers use their professional and clinical judgment to determine if and what prophylaxis is indicated. Corizon, the department's medical provider, has certified Sexual Assault Nurse Examiners. These nurses are on a rotation schedule by region. The Director of Nursing is also the SANE Nurse at MTC and is notified by the Shift Commander of all allegations of sexual abuse/ She is required to report to the facility within four hours. Forensic medical examination involving offender on offender are conducted at MTC. Forensic medical examinations involving staff on offender are conducted Southeast Health 1701 Lacey Street, Cape Girardeau, MO.

All security and non-security first responders are required to immediately make notification of sexual abuse allegations to a security supervisor/shift commander. The shift commander is responsible for making all notifications to include the Health Service Administrator and Chief of Mental Health. Medical and mental health staff maintain secondary materials (e.g., form, notes) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided the appropriate response by medical staff who provides 24 hours coverage, and the provision of appropriate and timely information and services concerning sexually transmitted infection prophylaxis. Treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

## **Standard 115.83: Ongoing medical and mental health care for sexual abuse victims and abusers**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.83 (a)**

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? ☒ Yes ☐ No

### **115.83 (b)**

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? ☒ Yes ☐ No

**115.83 (c)**

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? ☒ Yes ☐ No

**115.83 (d)**

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) ☐ Yes ☐ No ☒ NA

**115.83 (e)**

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely Access to all lawful pregnancy related medical services? (N/A if all-male facility.) ☐ Yes ☐ No ☒ NA

**115.83 (f)**

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? ☒ Yes ☐ No

**115.83 (g)**

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? ☒ Yes ☐ No

**115.83 (h)**

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail. ☒ Yes ☐ No ☐ NA

**Auditor Overall Compliance Determination**

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)



In accordance with the review of D1-8.13 Sexual Abuse and Sexual Harassment; MTC Coordinated Response Protocol and Corizon Health Contractual Requirements; Mental Health Log, MTC meet the mandate of this standard. Policies are in place to offer medical and mental health evaluation and, as appropriate, treatment to all offenders who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. MTC is a male correctional facility and does not house female offenders. Review of files indicated the evaluation and treatment is offered and documented per policy. Seven allegations of alleged sexual abuse were reported to have occurred at MTC. Each of the offenders were referred to mental health. All offenders received an assessment within three days of the referral. Nine offenders elected to decline ongoing services and one elected to continue. The evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody; the facility provides such victims with medical and mental health services consistent with the community level of care and offender victims of sexual abuse while incarcerated are offered test for sexually transmitted infections as medically appropriate. Treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Medical care is available 24 hours and mental health staff are on call 24 hours and can report to the facility within two hours.

MTC had zero substantiated investigations where offender was found guilty of offender's sexual abuse that were referred and seen by mental health within 60 days. However, the Chief of Health Mental confirmed treatment would be offer but the offender would not be mandated to accept.

## DATA COLLECTION AND REVIEW

### Standard 115.86: Sexual abuse incident reviews

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

##### 115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? ☒ Yes ☐ No

##### 115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? ☒ Yes ☐ No

##### 115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? ☒ Yes ☐ No

##### 115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? ☒ Yes ☐ No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☒ Yes ☐ No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? ☒ Yes ☐ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance Coordinator? ☒ Yes ☐ No

#### 115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.13 Sexual Abuse and Harassment; Review of PREA Sexual Abuse Debriefing Reports, Interviews with a Member of the Incident Review Team, PREA Site Coordinator, Warden and OPS PREA Coordinator, MTC meets the mandate of this standard. MTC conducted the sexual abuse incident reviews within 30 days of the conclusion of investigations, unless the allegation is determined to be unfounded. There was one sexual abuse allegation reported with a finding of substantiated and three with the findings of unsubstantiated. The allegations did not include penetration. A review of the debriefing revealed the incident review team did not include input from a line supervisor. The OPS PREA Coordinator immediately took action to revise the D1-8.13 Offender Sexual Abuse and Harassment Policy to include documentation of input from the shift supervisor. In addition to forwarding an email to all Wardens and PREA Site Coordinators providing training on the procedure to follow. The change to facility procedures were discussed and documented in meeting minutes on June 20, 2018, by the Deputy Warden of Offender Management/PREA Site Coordinator during the Section Head Meeting. The sexual abuse debriefing did include upper-level management officials, investigators, and medical or mental health practitioners. The final review is submitted to the OPS PREA Coordinator, CAO, and Assistant Division Director. The debriefings included all measures of this standard. Interview with the Warden indicated the facility would look at any recommendations that resulted from the review or document the reasons for not making the implementations. However, there were zero recommendation made for improvement within the past three years. A sexual abuse incident debriefing is not required on offender sexual harassment investigations or inquiries or if the investigation or inquiry is determined to be unfounded. The debriefings included the name of the victim, assailant, staff members involved in the briefing, date and time of the incident, what occurred, location of the incident, housing information, was the allegation motivated by race, ethnicity or sexual orientation, information on the coordinated response, information retaining to a forensic exam when applicable, mental health consultation. This information is also included in the facility's annual report.

## **Standard 115.87: Data collection**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.87 (a)**

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? ☒ Yes ☐ No

#### **115.87 (b)**

- Does the agency aggregate the incident-based sexual abuse data at least annually? ☒ Yes ☐ No

#### **115.87 (c)**

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? ☒ Yes ☐ No

#### **115.87 (d)**

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? ☒ Yes ☐ No

### 115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) ☒ Yes ☐ No ☐ NA

### 115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) ☒ Yes ☐ No ☐ NA

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.13 Offender Sexual Abuse and Sexual Harassment; Incident Data for 2016 and 2018, Aggregated Data 2016, and 2018; Survey of Sexual Violence Summary Report 2017; Interviews with the Director of Adult Correctional Institutions, Warden and OPS PREA Coordinator, MTC meets the mandate of this standard. Data needed to complete the annual Survey of Sexual Violence is collected in the Corrections Information Network [COIN] system. Policy D1-8.13 Offender Sexual Abuse and Harassment states. Each facility utilizes information from the offender sexual abuse debriefings to prepare an annual report to be submitted to the department's PREA coordinator by the last working day in March.

The report includes: 1) identified problem areas, 2) recommendations for improvement, 3) corrective action taken, 4) if recommendations for improvements were not implemented, reasons for not doing so, 5) a comparison of the current year's data and corrective actions with those from prior years, and an assessment of the facility's progress in address sexual abuse, 6) an evaluation of the need for camera and monitoring systems, 7) in consultation with the PREA site coordinator; assessment determination, and documentation of whether adjustments are needed to the staffing plan, the deployment of video monitoring and the resource availability to adhere to the staff plan. The yearly report is submitted to the Division Director and the OPS PREA Coordinator no later than the last working day in March. The PREA coordinator shall prepare an annual report compiling each facility's current year's data and corrective actions. The report shall include a comparison with prior year's data, corrective actions, and an assessment of the department's progress in addressing offender sexual abuse. The report shall be forwarded to the department director for approval by the last working day in May.

The MDOC PREA Annual Report is published on the MDOC website at <https://doc.mo.gov/programs/PREA/>. The report contains information on the progress the agency has made in the PREA program, a trend analysis of all investigations in the state and correction actions for each facility. The data is collected monthly and reported annually.

## Standard 115.88: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? ☒ Yes ☐ No

### 115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse ☒ Yes ☐ No

### 115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? ☒ Yes ☐ No

### 115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? ☒ Yes ☐ No

## Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of MDOC Policy D1-8.13 and the PREA Annual Reports posted on the Agency's website were reviewed and meet the requirement of this standard. The agency's policy requires the PREA Analyst to prepare and aggregate data collected throughout the agency. Each year an annual report is prepared that includes all identified noted problems within each facility while applying corrective actions for each area identified throughout the agency as a whole. The annual report includes a comparison of the current year's data and corrective actions with prior years and provides an assessment of progress in addressing sexual abuse. The Chief Administrative Officer, OPS PREA Coordinator or Agency Director edits specific material from the reports when publication would present clear and specific threat to the safety and security of a facility. The Chief Administrative Officer or designee PREA Coordinator indicates the nature of the material edited. A review of the annual reports confirmed no personal identifiers are included in the report prior to publishing on the agency website. The MDOC Annual Report on Sexual Victimization is posted on the Agency's website and available for review at <http://www.doc.mo.gov/OD/PREA.php>.

## **Standard 115.89: Data storage, publication, and destruction**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.89 (a)**

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained? ☒ Yes.  
☐ No

### **115.89 (b)**

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? ☒ Yes ☐ No

### **115.89 (c)**

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? ☒ Yes ☐ No

### **115.89 (d)**

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? ☒ Yes ☐ No

## **Auditor Overall Compliance Determination**

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.13 Sexual Abuse and Harassment; PREA Annual Report and the Agency's PREA Website, the agency meets the mandate of this standard. MDOC policy requires the agency to prepare an annual report. Problem areas of concern and corrective actions are included in the annual reports for each facility throughout the Agency. A comparison of the current year's data and corrective actions with those from prior years and provides an assessment of progress in addressing sexual abuse. MDOC data is retained for at least 90 years and is secured by Office of Professional Standards and PREA Analyst. The Agency ensures all personal identifiers are removed before publishing the reports. The annual report is posted on the MDOC website at <http://www.doc.mo.gov/OD/PREA.php> for review by the public. A review of the agency's website confirmed PREA Annual Reports were posted from 2010 through 2016. No identifiable markers were noted in the reports.

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) ☐ Yes ☒ No

#### 115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) ☒ Yes ☐ No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) ☒ Yes ☐ No ☒ NA



- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) ☒ Yes ☐ No ☐ NA

#### 115.401 (h)

- Did the auditor have Access to, and the ability to observe, all areas of the audited facility? ☒ Yes ☐ No

#### 115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? ☒ Yes ☐ No

#### 115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, offenders, and detainees? ☒ Yes ☐ No

#### 115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

The auditors reviewed the MDOC web page at <https://doc.mo.gov/programs/PREA/PREA-audits/2018> containing the audit reports for PREA audits completed. The auditors verified that MDOC since beginning in audit year 3 of cycle 1, has ensured that at least one-third of each facility type operated by the Agency was and/or is scheduled to be audited

The auditors were granted access to all areas of the facility and the ability to observe practices and procedures of staff and the offender population during the site visit. There was no hesitation in the receipt of requested documentation and copies requested by the auditors. The auditors were provided separate private office space to both offender and staff interviews in a private setting.

The auditors received zero correspondences from the offender population. An interview the mail room staff indicated the mail addressed to auditors would have been treated in the manner of legal mail.

## Standard 115.403: Audit contents and findings

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued). ☒ Yes ☐ No ☐ NA

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

The MDOC website <http://www.doc.mo.gov/OD/PREA.php> confirms that the agency ensures that all previous PREA Final Reports from the correctional facilities within its jurisdiction are published on the Agency's website within 90 days after the final report is issued by the auditor. MDOC meets the requirement of this standard.

## AUDITOR CERTIFICATION

I certify that:

- ☒ The contents of this report are accurate to the best of my knowledge.
- ☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- ☒ I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Debra D. Dawson

July 11, 2019

**Auditor Signature**

**Date**

# Prison Rape Elimination Act (PREA) Audit Report

## Adult Prisons & Jails

☐ Interim ☒ Final

Date of Report July 29, 2019

### Auditor Information

Name: Darren Bryant	Email: dbryant357@msn.com
Company Name: 3D PREA Auditing & Consulting LLC	
Mailing Address: P.O. Box 5825	City, State, Zip: Marianna, Florida 32447
Telephone: 321 331 7072	Date of Facility Visit: June 24- 26, 2019

### Agency Information

Name of Agency:	Governing Authority or Parent Agency (If Applicable):		
Missouri Department of Corrections	State of Missouri		
Physical Address: 2729 Plaza Drive	City, State, Zip: Jefferson City, Missouri 65109		
Mailing Address: P.O. Box 263	City, State, Zip: Jefferson City, Mo.65102		
Telephone: 573 751-2389	Is Agency accredited by any organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal

Agency mission: Improving Lives for Safer Communities.

Agency Website with PREA Information: <http://doc.mo.gov/programs/PREA>

### Agency Chief Executive Officer

Name: Anne L. Precythe	Title: Director
Email: Anne.Precythe@doc.mo.gov	Telephone: 573 751-2389

### Agency-Wide PREA Coordinator

<b>Name:</b> Vevia Sturm	<b>Title:</b> Missouri Office of Professional Standard (OPS) PREA Coordinator
<b>Email:</b> Vevia.Sturm@doc.mo.gov	<b>Telephone:</b> 573 5751-2389

<b>PREA Coordinator Reports to:</b>  Matt Briesacher Office of Professional Standards	<b>Number of Compliance Coordinators who report to the PREA Coordinator.</b> 0
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### Facility Information

<b>Name of Facility:</b> North East Correctional Center			
<b>Physical Address:</b> 13698 Airport Rd. Bowling Green, MO. 63334			
<b>Mailing Address (if different than above):</b>			
<b>Telephone Number:</b> 573 324 9975			
<b>The Facility Is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
<b>Facility Type:</b>	<input type="checkbox"/> Jail		<input checked="" type="checkbox"/> Prison
<b>Facility Mission:</b> Improving Lives for Safer Communities.			
<b>Facility Website with PREA Information:</b> <a href="http://doc.mo.gov/programs/PREA">http://doc.mo.gov/programs/PREA</a>			

### Warden/Superintendent

<b>Name:</b> Dan Redington	<b>Title:</b> Warden
<b>Email:</b> dan.redington@doc.mo.gov	<b>Telephone:</b> 573 324 9975

### Facility PREA Compliance Coordinator

<b>Name:</b> Chantay Godert	<b>Title:</b> Deputy Warden Operations
<b>Email:</b> chantay.godert@doc.mo.gov	<b>Telephone:</b> 573 324 9975

### Facility Health Service Administrator

<b>Name:</b> Dana Meyer	<b>Title:</b> Health Service Administrator
<b>Email:</b> Dana.Meyer@CorizonHealth.com	<b>Telephone:</b> 573 324 9975

### Facility Characteristics

Designated Facility Capacity. 2102		Current Population of Facility: 1491		
Number of inmates admitted to facility during the past 12 months				952
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:				951
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:				951
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:				33
Age Range of	Youthful Inmates Under 18: N/A		Adults: 18- 84	
Population:				
Are youthful inmates housed separately from the adult population?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input checked="" type="checkbox"/> .NA	
Number of youthful inmates housed at this facility during the past 12 months:				N/A
Average length of stay or time under supervision:				2 years
Facility security level/inmate custody levels:				Min / Med C1- C2 primarily
Number of staff currently employed by the facility who may have contact with inmates:				451
Number of staff hired by the facility during the past 12 months who may have contact with inmates:				194
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:				3
<b>Physical Plant</b>				
Number of Buildings: 24		Number of Single Cell Housing Units. 0		
Number of Multiple Occupancy Cell Housing Units:		10		
Number of Open Bay/Dorm Housing Units:		1		
Number of Segregation Cells (Administrative and Disciplinary:		99		
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):				
Northeast Correctional Center currently has 494 cameras. The cameras are placed strategically throughout the institution to ensure the safety and security of both offenders and staff. NECC Warden purchased 25 additional cameras for Food Service.				
<b>Medical</b>				
Type of Medical Facility:		24 hr. nursing facility with on-site physician M-F and on-call physician availability 24 hrs. a day. 10 bed infirmary. Medical 5 Chronic Care / Skilled Care		
Forensic sexual assault medical exams are conducted at:		Offender on Offender forensic examinations are conducted on site and staff on offenders conducted at a local medical facility.		

Other	
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:	60 Contractors/ 49 Volunteers
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	10

## Audit Findings

### Audit Narrative

The Prison Rape Elimination Act (PREA) Recertification Audit for Northeast Correctional Center (NECC), Missouri Department of Corrections (MDOC) was conducted on June 24- 26, 2019. The PREA audit was coordinated through the MDOC Office of Professional Standards and 3D PREA Auditing & Consulting, LLC. Department of Justice Certified PREA Auditor Darren Bryant. Mr. Bryant served as the Lead Auditor.

An open line of communication was developed between the Lead Auditor, OPS PREA Coordinator Vevia Sturm and NECC Deputy Warden of Operations/PREA Site Coordinator Chantay Godert. Communication was maintained via phone, and email regarding the Pre-Audit Questionnaire (PAQ), posting of audit notice and audit logistics.

A flash drive was forward to the Lead Auditor by the PREA Site Coordinator, Chantay Godert. The flash drive contained the Pre-Audit Questionnaire (PAQ) and supporting documentation within designated folders for each of the 43 standards. The documentation included agency policies, procedures, forms, posters, pamphlets, brochures, handbooks, educational materials, training curriculums, staff and offender acknowledgement of PREA training, organizational charts, offender risk assessments, investigative files and results to demonstrate compliance with each PREA standards. A physical plant schematic for a pre tour scheduling itinerary was provided. The lead auditor received additional documentation during the pre-audit, site visit and post audit phrases. All requested documentation was submitted timely.

The entrance meeting was held on June 24, 2019 at 9:00 a.m. with Warden Dan Redington, Deputy Warden of Operations/PREA Site Coordinator Chantay Godert, State PREA Coordinator Vevia Sturm, Assistant State PREA Coordinator Darren Snelling and myself the assigned PREA auditor. At the conclusion of the opening meeting, a tour of the facility was conducted. The auditor was accompanied by Deputy Warden Godert, Darren Snelling and Ms. Sturm. All areas of the facility were visited during the tour to include the administration area, main lobby, offender housing units, segregation intake, medical unit, recreation, programming areas, food service, commissary, visiting room, control room, officers' duty stations, laundry, and supply warehouses, etc. Continued PREA educational material to include posters, third-party reporting, and flyers was posted throughout the facility to include the offender visiting room. The notification of the PREA audit site visit was confirmed during the pre-audit process as being posted on May, 2019. The Auditor observed notices throughout all departments and offender housing units with viewing accessibility to all offenders and staff.

Three hundred and one security staff are assigned to the various three correctional shifts. There are 150 non-security staff. Forty-four formal staff interviews were conducted that included 18 random interviews and 26 specialized staff. Security staff was interviewed from all three shifts which included Major,



Captains, Lieutenants, Sergeants and Correctional Officers. Specialized staff interviewed included: (1) Director of Adult Correctional Institutions; (1) Warden; (1) Deputy Warden/PREA Site Coordinator; (1) OPS PREA Coordinator; (1) Human Resource Manager; (1) Agency Contract Administrator; (3) Intermediate or Higher-level facility staff; (1) Contract SANE Nurse; (1) Volunteer; (1) Investigative Staff; (1) Contract Chief of Mental Health; (1) Contract Health Services Administrator; (1) Director of Nurses; (1) Facility Victim Advocate; (3) Staff who perform screening for risk of victimization and abusiveness and Intake; (3) Staff who supervise offenders in segregated housing; (1) Staff on the Incident Review Team; (1) Designated staff member charged with monitoring retaliation; (3) Security staff who acted as a first responder.

One thousand four hundred eighty-four offenders were housed at NECC on the first day of the site visit. Twenty-four offenders were selected for random interviews. Twenty were selected from the following targeted groups: (5) Limited English proficient, (4) identified as transgender, (4) identified as gay or bisexual, (3) physical disability (2) vision impaired, (1) offender who reported prior sexual victimization, and (1) Offender who reported sexual abuse. There were zero youthful offenders, and zero offenders placed in segregated housing for risk of sexual victimization/who alleged to have suffered sexual abuse designated at NECC during the site visit. The auditor utilized housing unit rosters to select offenders for random interviews. The offenders interviewed stated they felt generally safe and expressed a good understanding of received PREA education to include methods of reporting.

The auditor carefully examined a sampling of personnel files, new hires, promotional staff, background checks, staff, volunteers, and contractor workers PREA training documentation that were provided per request. No individual is allowed entrance into the facility to work or volunteer until a thorough background check is clear and completed.

A sampling of offender institutional files was selected and observed documentation indicated by their signature receipt of PREA education. Documentation was also reviewed for 25 initial risk screenings and reassessments.

Thirty-Seven PREA allegations were reported during the past 12 months of the audit. There were 18 allegations of sexual abuse and 19 allegations of sexual harassment. There were no Substantiated findings of offender on offender sexual abuse. No Substantiated finding of offender on offender sexual harassment. Five Unsubstantiated findings of sexual abuse. Twelve allegations of sexual abuse were determined to be Unfounded. One reported allegation of sexual abuse remained pending. Four allegations were substantiated. Six reported allegations of sexual harassment were determined to be Unsubstantiated and nine were determined to be Unfounded. No allegations of sexual harassment remained pending. A total of 1 PREA investigation remained pending during the site visit. The auditor reviewed a random selection of Substantiated, Unsubstantiated and Unfounded case files for a total of 16. All reviewed investigations were documented and process per agency policy. The case files included, all interviews, photos, recording video footage, first responder details, outcome notification, retaliation monitoring (when required) and incident reviews.

The auditor was very impressed with the knowledge of PREA education distributed by both staff and the offender population during the interview process. Both spoke with confidence and responded to each question without hesitation. It was obvious to the auditors that providing PREA education to both the offender population was amongst the top priorities of the facility's staff.

At the conclusion of the on-site visit on June 26, 2019, an exit meeting was held to discuss the audit findings with the Warden Dan Redington, Deputy Warden of Operations (DWO)/PREA Site Coordinator

Chantay Godert, MDOC PREA Coordinator Vevia Sturm, Investigator Darren Snellen, and DOJ Certified PREA Auditor Darren Bryant.

## Description of Facility Characteristics:

The Northeast Correctional Center is a Medium / Minimum custody facility that opened in March of 1998. It houses approximately 2,000 adult male offenders. NECC is a handicap accessible facility that houses offenders limited medical issues with offenders without any special needs.

The following is a breakdown of NECC housing units:

Housing Unit #1 is a 192-cell housing unit, all cells in the housing unit #1 are two-man cells. Offenders housed in the unit for Disciplinary, and Administrative Confinement pending investigation. This unit houses offenders wanting to harm themselves.

Housing Unit #2 – is a 200-cell housing unit, all cells in this housing unit #2 are two- man cells. Offenders housed for Protective Custody.

Housing unit # 3 is a 200-cell housing unit. Housing unit # 3 made up of two men cells and it houses General Population offenders.

Housing Unit #5 is a program unit that houses 200 offenders. The program is called Homeward Bound & Elite Honors.

Housing Unit #4, #6 and #7 is closed due to the low offender count and shortage of staffing.

Housing Unit #10 can each house 200 offenders. This housing unit is used for the Honor's program.

Housing Unit #17 is an open bay style dormitory that houses 124 offenders, with 62 on each side. This housing unit is for the Substance Abuse Program.

## Summary of Audit Findings

**Number of Standards Exceeded:** 2

115.31 Employee Training; 115.33 Inmate Education;

**Number of Standards Met:** 41

115.11: Zero Tolerance of sexual abuse and sexual harassment; 115.12: Contracting with other entities for the confinement of inmates; 115.13: Supervision and monitoring; 115.14: Youthful inmates ; 115.15: 115.16 Inmates with disabilities and LEP, Limits to cross-gender viewing and searches; 115.17: Hiring and promotions decisions; 115.18: Upgrades to facilities and technologies; 115.21 Evidence protocol and forensic medical examinations; 115.22: Policies to ensure referrals of allegations for investigations;

115.32 Volunteer and contractor training; 115.34: Specialized training :Investigations; 115.35 Specialized training: Medical and mental health care; 115.41 Screening for risk of victimization and abusiveness; 115.42: Use of screening information; 115.43: Protective Custody; 115.51: Inmate reporting ; 115.52 Exhaustion of administrative remedies;.115.53: Inmate access to outside confidential support services; 115.54 Third-party reporting; 115.61 Staff and agency reporting duties; 115.62: Agency protection duties; 115.63: Reporting to other confinement facilities; 115.64: Staff first responder duties; 115.65 Coordinated response; 115.66: Preservation of ability to protect inmates from contract with abusers; 115.67: Agency protection against retaliation; 115.68: Post-allegation protective custody; 115.71: Criminal and administrative agency investigations; 115.72: Evidentiary standard for administrative investigations; 115.73: Reporting to inmates; 115.76: Disciplinary sanctions for staff; 115.77: Corrective action for contractors and volunteers; 115.78: Disciplinary sanctions for inmates; 115. 81 Medical and mental health screenings: history of sexual abuse: 115.82: Access to emergency medical and mental health services; 115.83: Ongoing medical and mental health care for sexual abuse victims and abuser; 115.86 Sexual abuse incident reviews; 115.87 Data collection; 115.88 Data review for corrective action;.115.89 Data storage, publication, and destruction.

**Number of Standards Not Met:** 0

**Summary of Corrective Action (if any) N/A**

## PREVENTION PLANNING

### Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

**All Yes/No Questions Must Be Answered by The Auditor to Complete the Report**

#### 115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? ☒ Yes ☐ No

#### 115.11 (b)

- Has the agency employed or designated an agency wide PREA Coordinator? ☒ Yes ☐ No
- Is the PREA Coordinator position in the upper level of the agency hierarchy? ☒ Yes ☐ No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities? ☒ Yes ☐ No

### 115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance Coordinator? (N/A if agency operates only one facility.) ☒ Yes ☐ No. ☐ NA
- Does the PREA compliance Coordinator have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.) ☒ Yes ☐ No. ☐ NA

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of Missouri Department of Corrections Department Procedural Manual, D1-8.13 Offender Sexual Abuse and Harassment (MDOC Policy D1-8.13); Offender Handbook; Director's Office and Facility Organization Charts and duties of the MDOC PREA Coordinator and PREA Site Coordinator it was determined NECC meets the mandate of this standard. MDOC and NECC have written policies and procedures in place to support the agency's mission and goal of maintaining a zero tolerance of sexual abuse and sexual harassment. The policies provide an outline of required practice in the agency's approach to preventing, detecting, and responding to allegations of sexual harassment or sexual abuse. The policy includes definitions of prohibited behaviors regarding sexual assault and sexual harassment of offenders with sanctions for those found to have participated in these prohibited behaviors.

Policies identify the agency's strategies and responsibilities to detect, reduce and prevent sexual abuse and sexual harassment of offenders.

The OPS PREA Coordinator is a position assigned by the OPS Director to coordinate the agency's statewide compliance with PREA. In an interview with the OPS PREA Coordinator, she confirmed that her time is exclusively devoted to ensuring compliance with all PREA standards and ensure the prevention of sexual abuse and sexual harassment. The Deputy Warden of Operations is assigned as the PREA Site Coordinator and is responsible for ensuring PREA standards are maintained at the facility. An interview with the PREA Site Coordinator confirmed she has sufficient time to fulfill his responsibilities as the PREA Site Coordinator. Effective communication between the OPS PREA Coordinator and the PREA Site Coordinator is routinely maintained through phone calls, memorandums, emails, training, and meetings to discuss policy updates, new initiatives and any issues of concerns.

## Standard 115.12: Contracting with other entities for the confinement of inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.12 (a)

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) ☒ Yes ☐ No ☐ NA

### 115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates OR the response to 115.12(a)-1 is "NO".) ☒ Yes ☐ No ☐ NA

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of MDOC Policy D1-8.13 Offender Sexual Abuse and Sexual Harassment; contracts with community confinement facilities under the authority of the Division of Probation and Parole and interviews with the OPS PREA Coordinator and Warden, NECC meets the mandate of this standard. The contracts require the contractors adopt and comply with PREA standards and compliance is monitored by the agency. However, NECC does not contract with other entities for the confinement of its offenders.

## Standard 115.13: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No ☐ NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

#### 115.13 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)  
☐ Yes ☐ No ☒ NA

#### 115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? ☒ Yes ☐ No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? ☒ Yes ☐ No

#### 115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? ☒ Yes ☐ No
- Is this policy and practice implemented for night shifts as well as day shifts? ☒ Yes ☐ No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)



In accordance with the review of MDOC.D1-8.13, PREA Yearly Staffing Report; Annual PREA Report; Unannounced Rounds Tracking Logs; IS20.-1.1 Post Orders, Housing Unit Officers Post Orders; Letter from Division of Adult Institutions, Implementation Teams Report; Deployment Staff Staffing Analysis, Institution Security Inspections Reports; NECC meets the mandate of this standard. Staffing plans for all MDOC facilities were originally developed by Central Office in 2009 which the agency continues to work from. The Major maintains a copy of the staffing plan for reference in providing for adequate levels of staffing while identifying critical and non-critical posts. NECC monitors the staff plan to ensure compliance annually and a review of the staffing plan dated October 4, 2018 was provided for the auditor. Proper security coverage enables the facility to provide a safe environment for offenders and safe. The staffing plan addresses the items listed in section 115.13a. Per the Warden, although the facility's video monitoring is supported by 494 cameras. On an average the facility has 30 days of storage all across the video system. Review of video monitoring confirmed the offenders' privacy during showering, use of toilet, change of clothes and performance of bodily functions was not observed by staff during video monitoring. The facility is designated as an adult male facility. Both female and male staffs are assigned to each shift. The Warden confirmed he and the Deputy Warden review the staffing level every day to ensure they do not go below the staffing plan. Staff schedules are adjusted and/or overtime is always paid in lieu of vacating a required post as needed due to security staff call-ins. When and if there is a need, non-critical areas and/or program areas would be cancelled to provide coverage for critical posts such as on snow days when many staff may be unable to report to work. There were no deviations noted to have occurred. However, any deviations from the staffing plan would be documented and the reasons for the deviation would be documented.

The unannounced PREA rounds logs are documented on a tracking log noting all areas of the facility. Interviews with intermediate-level or higher-level supervisors that included Captains, Lieutenants, Major, Functional Unit Managers, Warden, Deputy Warden and Assistant Warden indicated they are aware of their responsibility to conduct unannounced PREA rounds. Supervisory staff stated rounds are conducted out of sequence to prevent a pattern. A review of the tracking log and logbooks confirms unannounced rounds are not completed in a pattern and are conducted by a variation of supervisory staff. Rounds conducted in this manner prevent staff from advising others that supervisory unannounced rounds are being conducted. Post orders include a general order prohibiting staff members from alerting each other that unannounced supervisor rounds are occurring, unless such announcement is related to legitimate operational functions of the facility. Supervisory staff stated they were unaware of any circumstances where a staff member have alerted others of unannounced rounds being conducted.

## **Standard 115.14: Youthful inmates**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.14 (a)**

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

#### **115.14 (b)**

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

#### 115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- Do youthful inmates have Access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of MDOC Policy D1-8.13, Missouri Department of Corrections Institutional Services Procedural Manual, IS5-3.1 Offender Housing Assignments (MDOC Policy IS5-3.1); Missouri Department of Corrections Institutional Services Procedural Manual, IS5-1.1 Diagnostic Center Reception and Orientation (MDOC Policy IS5-1.1) MDOC Statutes, Chapter 217, Section 217.345, and Interviews with Warden and PREA Site Coordinator, the agency meets the mandate of this standard. NECC does not house youthful offenders. No youthful offenders observed during the walkthrough.

#### Standard 115.15: Limits to cross-gender viewing and searches

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### 115.15 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners? ☒ Yes ☐ No.

#### 115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20, 2017.) ☒ Yes ☐ No ☐ NA
- Does the facility always refrain from restricting female inmates' Access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 inmates before August 20, 2017.) ☒ Yes ☐ No ☐ NA

#### 115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes ☐ No
- Does the facility document all cross-gender pat-down searches of female inmates? ☒ Yes ☐ No

#### 115.15 (d)

- Does the facility implement a policy and practice that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? ☒ Yes ☐ No

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#### 115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex Inmates for the sole purpose of determining the inmate's genital status? ☒ Yes ☐ No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? ☒ Yes ☐ No

#### 115.15 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of SOPD1-8.13 Offender Sexual Abuse and Harassment; SOP20-1.3 Searches; Coordinated Response NECC; IS6-1.3 Offender Personal Appearance and Grooming; IS11-34.1 Health Assessment and/or Physical Examination at Reception; Institutional Searches Lesson Plan Memorandums of Guidance for PREA Site Coordinator; Post Orders for Security Supervisory Post Orders, NECC meets the mandate of this standard. NECC is an adult male facility and does not house female offenders. However, the agency has policy that prohibit cross gender pat searches on female offenders, cross gender visual body cavity searches and strip searches.

Individual shower stalls and toilets within the common area of the housing units are equipped with a ¾ door that allows privacy for offenders to shower without nonmedical staff of the opposite gender viewing their buttocks, or genitals except in exigent circumstances or when such viewing is incidental to routine security checks. All toilets located inside the offender's cell.

Four offenders identified as transgender can shower at separate times from the remaining general population offenders. This was determined after interviewing four transgender offenders, staff members and PREA Site Coordinator. There were zero offenders at NECC identified as intersex.

An announcement is made over the intercom when female staff are assigned for duty and other entry of the housing units. The announcement is entered in the Chronological Log noting the date, time staff person entering the area and exiting the area. A sign is posted of female staff in the housing unit for offenders who are hard of hearing or was not in the housing unit at the time of the opposite gender entry. Observation of this procedure and a review of the chronological log were conducted by the auditor.

Policy prohibits staff from physically examining transgender or intersex offenders for the sole purpose of determining the offender's genital status. The determination of transgender and/or intersex offenders genital status may be obtained during conversations with the offender, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner. Interviewed staff were given a variety of circumstances in which staff may elect to conduct a visual search of an offender identified as transgender and/or intersex for the sole purpose of determining the offender's genital status. All staff interviewed immediately stated such actions were

prohibited and they would report any known behavior and/or attempted behavior of a co-worker regardless of the staff member's rank.

Procedures for conducting cross-gender searches, transgender, intersex, or gender unknown searches are outlined in the Division Institutional Searches Lesson Plan. An interview with training staff personnel confirmed hands-on training for cross-gender searches began in 2014 for all employees. The curriculum was also added at the Training Academy for all new hires at this time. All staff interviewed acknowledged receipt of training and a review of their documented signature confirmed receipt of training. Staff provided the auditors with verbal instructions on conducting cross-gender searches. Staff confirmed all searches of transgender or intersex offenders, must be conducted in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. The four (4) offenders identified as transgender confirmed searches conducted by staff was appropriately performed.

## **Standard 115.16: Inmates with disabilities and inmates who are limited English proficient**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.16 (a)**

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect,

and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? ☒ Yes ☐ No

- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? ☒ Yes ☐ No
- Do such steps include, when necessary, providing Access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? ☒ Yes ☐ No

#### 115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? ☒ Yes ☐ No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No.

#### 115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first response duties under §115.64, or the investigation of the inmate's allegations? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

**Exceeds Standard** (*Substantially exceeds requirement of standards*)

**X Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.13 Offender Sexual Abuse and Harassment; MDOC Lesson Plan for Special Needs Provided to Staff; PREA Training Rosters of Offenders with Special Needs; PREA Written Transcript, Available Bi-lingual Staff; NECC Coordinated Response Plan; PREA Pamphlets and Posters; PREA Sexual Abuse Brochures in multiple languages, D5-5.1 Deaf and Hard of Hearing Offenders; Contracts with outside Translation Service Contracts that include communication services for sign language, verbal language and a written language translations. NECC takes steps and has policies and procedures that ensure offenders with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. MDCO Policy D1-8.13 Offender Sexual Abuse and Harassment dictates PREA education shall be provided to the offender in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to offenders, who have limited reading skills in accordance with the department's procedures regarding deaf and hard of hearing offenders, disabled offenders, and blind and visually impaired offenders. Offenders who have limited English proficiency shall be provided a copy of the video transcript and the PREA offender brochure in their native language. PREA Videos are also available with closed captioning. NECC have available resources to provide offenders with materials in a variety of languages to include English, Spanish, Chinese (Traditional), Japanese, Large Print-Blind-Braille, Russian, Serb Croatian, and Vietnamese. PREA posters and educational materials are provided in English and Spanish. Offenders who are deaf are provided PREA information thru written form, i.e. PREA guidelines, Education Brochures and Videos. Offenders who are blind are provided an audio version in either English or Spanish. The MDOC Lesson Plan for Special Needs completed by staff during basic institutional training goal is that students will be able to compare and contrast individuals with mild or moderate intellectual disabilities, learning disabilities, and emotional problems. Also, that staff will assess the potential problems from these impairments, predict how staff might be affected and learn techniques that facilitate learning and effective communication.

Formal and informal interviews with staff confirmed offenders are not used as interpreters, offender readers, or other types of offender assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise an offender's safety, the performance of first responder duties, or the investigation of an offender's PREA allegations.

There were zero circumstances noted where an offender was utilized to serve as an interpreter and/or offender reader. Interviews with ten offenders identified with a physical disability, or LEP confirmed staff provided PREA educational material they were able to understand. The facility maintains a list of staff who speaks languages other than English. The one visually impaired offender PREA education was provided by audio.

## **Standard 115.17: Hiring and promotion decisions**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.17 (a)**

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No



- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

#### 115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates? ☒ Yes ☐ No

#### 115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency: perform a criminal background records check? ☒ Yes ☐ No
- Before hiring new employees, who may have contact with inmates, does the agency: consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? ☒ Yes ☐ No

#### 115.17 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates? ☒ Yes ☐ No

#### 115.17 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees? ☒ Yes ☐ No

#### 115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? ☒ Yes ☐ No
- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? ☒ Yes ☐ No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No

#### 115.17 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? ☒ Yes ☐ No

#### 115.17 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) ☒ Yes ☐ No ☐ NA

#### Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with D1-8.13 Offender Sexual Abuse and Harassment; Applications for Employment For New Hires and Promotions; Email for the Missouri Department of Corrections Division of Human Services, Office of Personnel; Pre-Employment PREA Checks; Background Investigations; Promotional Appointment D2-5.1 Maintenance of Employee Records;.D2-2.10.Re-Employment Appointment D2-2.8.Promotional Appointment; D2-2.2 Background Investigations; D2-11.14.Annual Employment

Requirements; Staff Yearly Background Checks, Missouri PREA Hiring Checklist; Background Checklist for Contractors; Employee Handbook; Application for Employment forms, Interviews with Human Resource Manager, and Warden, NECC meets the mandate of this standard.

The Human Resource Manager was interviewed in regard to a response to this standard. Before hiring new employees, the human resources staff members or designee perform a criminal background records check and contact all prior institutional employers, when possible, for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse in accordance with the depart procedure regarding background investigation. Prior to approval of a promotional appointment, regardless of the salary range, a check is conducted of the employee's official personnel file through central office human resources. The check is performed to ensure the employee has received no formal discipline for sustained allegations of sexual abuse and/or harassment or any information indicating any pending or adjudicated criminal charges. All sustained allegations are considered by the department before an employee is promoted. Backgrounds checks are conducted annually during the staff member's birth month. During the initial background investigation process of new hires, the applicant's fingerprints are mailed to the Highway Patrol as a process for hiring and continued service A check is also conducted on the staff's member driver license annually. The background checks are conducted through the Missouri State Highway Patrol utilizing the Missouri Uniform Law Enforcement System (MULES) and the National Crime Information Center System (NCICS). The Application for Employment require applicants to report all work history in prison, jail, lockup, community treatment centers, halfway house, restitution center, mental facility, alcohol or drug rehabilitation center, juvenile facility or other correctional facility (public or private). The applicant must also report if they were terminated or otherwise disciplined or counseled for sexual contract with or sexual harassment on an inmate, detainee, or resident of a correctional facility. Applicants must certify the information provided is correct to the best of their knowledge and understand that falsification of the information is grounds for disqualification from the selection process or dismissal from employment. All employees and contractors are required to report any subsequent arrest to their immediate supervisor before reporting for duty. Corizon conduct all background checks for medical and mental health staff assigned at MDOC facilities. Once contract staff is cleared, the Human Resource Manager receives a memorandum stating they have been cleared.

Verification of employment verbal requests shall be referred to the automated TALX program. Written requests shall be submitted to the central office human resources office and should be responded to in writing within 5 working days.

## **Standard 115.18: Upgrades to facilities and technologies**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.18 (a)**

- If the agency designed or acquired any new facility or planned any Substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a Substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.) ☒ Yes ☐ No  
☐ NA

### 115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.) ☐ Yes ☒ No ☐ NA

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of Missouri Department of Corrections Department Procedural Manual, D4-4.8 Security Camera Operation (MDOC Policy D4-4.8), and an interview with PREA Site Coordinator, NECC meets the mandate of this standard. NECC added cameras to the Food Service.

## RESPONSIVE PLANNING

### Standard 115.21: Evidence protocol and forensic medical examinations

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.21 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

### 115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

#### 115.21 (c)

- Does the agency offer all victims of sexual abuse Access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? ☒ Yes ☐ No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ☒ Yes ☐ No
- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

#### 115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? ☒ Yes ☐ No
- Has the agency documented its efforts to secure services from rape crisis centers? ☒ Yes ☐ No

#### 115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? ☒ Yes ☐ No

- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes ☐ No

#### 115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) ☐ Yes ☐ No ☒ NA

#### 115.21 (g)

- Auditor is not required to audit this provision.

#### 115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? [N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.] ☒ Yes ☐ No ☐ NA

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.8 Evidence Collection, Accountability and Disposal; SOPD1-8.13 Offender Sexual Abuse and Harassment; List of Available SANE Hospitals; Advocacy Training; Assignment of Chaplain as Victim Advocate; On-Line Advocacy Learning; Letter to Mississippi County Sheriff Office; Proven Partnership Contractual Agreement with Corizon, NECC meets the mandate of this standard. The MDOC OPS PREA Unit is responsible for conducting all criminal and administrative investigations of sexual abuse that includes offender on offender and staff on offender.

The Office of Professional Standards PREA Unit conducts all criminal investigations and administrative investigations involving sexual abuse. This is a department within the MDOC. All allegations involving staff and that appear to be criminal are forwarded to local law enforcement. If local law enforcement does not accept the case, the OPS PREA Unit will investigate the allegation and forward to the prosecuting attorney when applicable. The Directives for Offender Sexual Abuse and Harassment outline evidence protocols for administrative investigations and criminal prosecutions. A copy of correspondence from the PREA Coordinator to the local law enforcement Sheriff Office was provided for review by the auditors.

The correspondence noted that the MDOC in accordance with Prison Rape Elimination Act, request investigative agencies that conduct PREA investigations within MDOC facilities adhere to PREA Standard 115.21 Evidence protocol and forensic medical examinations as required by the PREA standards

The auditor interviewed a OPS PREA Investigator and he confirmed all administrative and criminal investigation throughout MDOC must adhere to the investigative and evidence protocols based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents, or similarly comprehensive and authoritative protocols developed after 2011.

Medical and behavioral health care including certified Sexual Assault Nurse Examiners (SANE) are provided on-site through a contract with Corizon Health. Forensic exams are conducted on-site by a SANE nurse for an offender-on-offender sexual assault. Sexual abuse forensic examinations involving staff on an offender are conducted at a local hospital. The forensic exams are provided at no cost to the victim.

The agency and facility have attempted to obtain an agreement for a community victim advocate from a rape crisis center. The effort to obtain an agreement was documented by the OPS PREA Coordinator. However, an agreement has not been established. The Missouri Department of Corrections collaborated with the Missouri Coalition Against Domestic and Sexual Violence to create online advocacy training. This training is available for Volunteers in Corrections as well as community members who may be interested in providing advocacy services to victims of sexual violence within MDOC prisons. The facility is required to have at least one qualified staff member that has been trained as an advocate. An interview was conducted with the facility's Chaplain in regard to his assignment as the Victim Advocate. He completed advocacy/victim services training on-line titled "Advocacy with Survivors of Sexual Victimization for DOC." Documentation of the completed training was provided. He is immediately notified of the circumstances surrounding the incident of sexual abuse both verbally via email. Upon verbal notification from the Shift Commander, he reports to the facility to accompany and support the victim through the forensic medical examination process and investigatory interviews and provide emotional support, crisis intervention, information and referrals as requested by the victim.

## **Standard 115.22: Policies to ensure referrals of allegations for investigations**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.22 (a)**

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? ☒ Yes ☐ No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? ☒ Yes ☐ No

#### **115.22 (b)**



- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? ☒ Yes ☐ No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? ☒ Yes ☐ No
- Does the agency document all such referrals? ☒ Yes ☐ No

#### 115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).] ☐ Yes ☐ No. ☒ NA

#### 115.22 (d)

- Auditor is not required to audit this provision.

#### 115.22 (e)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.1 Office of Professional Standards D1-8.4 Institutional Investigations; Administrative Inquiries Excerpt D1-8.13 J. Investigations; Coordinated Response to Offender Sexual Abuse; SOP D1-8.1 Offender Sexual Abuse and Harassment and Interviews with OPS Investigator, Facility Investigator, Review of Investigative Files and logs, NECC meets the mandate of this standard. All allegations of offender sexual abuse and/or harassment, including third party and anonymous reports are immediately forwarded to the Shift Commander to initiate the coordinated response as outlined in the offender sexual abuse and harassment procedure. MDOC Directives requires an administrative and/or criminal investigation is completed for all allegations of sexual abuse/harassment. Within two business days of receipt of a sexual abuse/sexual harassment, the OPS PREA Unit determines if the allegations meet PREA definitions or if additional information is needed.

The facility's investigator is responsible for conducting administrative investigations pertaining to non-criminal sexual harassment. The OPS Investigators are responsible for conducting all sexual abuse investigations and any sexual harassment allegations that may be criminal. The OPS Investigator explained all allegations are required to be referred and investigated as part of the employee standards. Upon receiving an allegation of sexual abuse, he begins the investigation as soon as possible. When an OPS Investigator conducting the investigation believes there is probable cause that a criminal act has been committed in an offender related case, The Chief Administrative Officer (CAO), will determine whether law enforcement should be contacted to complete the investigation. If law enforcement declines to investigate the incident, the trained OPS Investigator will complete the investigation and processing of the incident. If the investigation determines that a criminal act has occurred, the CAO shall refer the incident to the appropriate prosecutor's office for consideration. All referrals for such allegations will be documented in accordance with the coordinated response to offender sexual abuse located on the department's intranet website: <http://doc.mo.gov/programs/PREA>.

When outside agencies investigate sexual abuse, staff members will cooperate with outside investigators and will make an effort to remain informed about the progress of the investigation. A memorandum drafted by the OPS PREA Coordinator was forwarded to the various Sheriff Departments requesting the responsible parties follow PREA standards when conducting offender sexual abuse investigations. All administrative and criminal investigations of sexual abuse or sexual harassment is entered into the COIN (Corrections Information Network) system within the MDOC. Administrative and criminal investigation reports will be retained for 90 years from the completion of the investigation and in accordance with the department procedure regarding records retention. Interviews with both the facility investigator and OPS Investigator confirmed this practice during the interview process.

During the past 12 months of the audit, there were 37 allegations of sexual abuse and sexual harassment that were referred for investigation to the OPS PREA Unit for investigation. 37 allegations resulted in an administrative investigation and 10 were referred for criminal investigations.

## TRAINING AND EDUCATION

### Standard 115.31: Employee training

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### 115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? ☒ Yes ☐ No

#### 115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility? ☒ Yes ☐ No
- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? ☒ Yes ☐ No

#### 115.31 (c)

- Have all current employees who may have contact with inmates received such training? ☒ Yes ☐ No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? ☒ Yes ☐ No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? ☒ Yes ☐ No

#### 115.31 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with a review of D1-8.13, Offender Sexual Abuse and Harassment; MDOC Lesson Plan for Basic PREA Training; DOCOTA Online Training Lesson Plan "PREA Basic for All Staff" PREA Refresher Training for 2014, 2016, 2018; PREA Training Acknowledgement Forms; PREA Education through Emails Provided by the PREA Site Coordinator and OPS PREA Coordinator ; Interviews with Training Staff, Random Staff and Specialized Staff, NECC exceeds the mandate of this standard. D1-8.13 Offender Sexual Abuse and Harassment, Section III (B) (4), page 8, covers training requirements for new staff, current staff, part-time employees, volunteers, contract staff members and vendors. There are 396 staff who have contact with offenders. All employees to receive ll receive initial PREA training during the department's basic training and refresher PREA training every two years through MDOC Intranet, DOCOTA Online Training PREA. Years, in which an employee does not receive training, the department's PREA coordinator provide current information on sexual abuse and sexual harassment policies. Both the Basic Training and the Refresher Training curriculum contained the 10 elements required in this standard.

An interview with the facility designated training staff confirmed a PREA refresher training course covering Sexual Abuse Prevention and Response is required every two years during in-service training through the Department of Corrections On-Line Training Academy (DOCOTA). Upon successful completion of the on-line PREA refresher training, staff receives a certificate of achievement. Additionally, training is provided to staff routinely through emails, web-based, and staff meetings. Interviews with random and specialized staff each confirmed they were very aware of their responsibilities to protect victims, respond to allegations made and refer reports for investigation by the OPS PREA Unit. Staffs are provided with a pocket card identifying steps to follow during reported allegations pertaining to sexual abuse and sexual harassment by an offender and how to report these allegations. A review of staff training acknowledging their receipt of PREA training was provided for review to the auditing team through certificates of completion and computer-generated rosters. NECC provides training tailored to the gender of the male offenders at the facility and includes training of conducting searches of transgender and intersex offenders. There were zero staff who transferred to NECC (male facility) from a correctional facility that house only female offenders. However, policy does dedicate gender training on searches.

It was obvious during the interview process that NECC has made PREA education a priority and not just a formality with the purpose of ensuring staff understand the material provided to them. Each and every staff presented themselves in a professional manner while speaking with confidence and very well versed in responses throughout the interview process.

## Standard 115.32: Volunteer and contractor training

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.32 (a)

- Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? ☒ Yes ☐ No

#### 115.32 (b)

- Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)? ☒ Yes ☐ No

#### 115.32 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of MDOC Policies D1-8.13, D2-11.14 and D2-13.2; Offender Sexual Abuse and Harassment; Handout for Volunteers and Contractors; Volunteers in Corrections Training; Training Acknowledgment Forms signed by Contractors and Volunteers, MDOC Sexual Misconduct and Harassment Annual Guide for Staff, and Interviews with Volunteers and Contractors, NECC meets the mandate of this standard. NECC has 59 contractors and 49 volunteers. The PREA training provided to them includes the agency's policy and procedures regarding sexual abuse and sexual harassment prevention, detention, reporting, and response including zero tolerance. The level and type of training provided to the contractors and volunteers is based on the level of offender contact with them. However, all training provided during their orientation includes the agency's policy and procedures regarding sexual abuse and sexual harassment prevention, detention, reporting, and response including zero tolerance. Contractors and volunteers receive PREA training specific to their classification as determined by the appropriate Division Director and Chief of Staff Training. PREA training for both

volunteers and contract staff are an annual requirement. An interview with a volunteer for religious services confirmed volunteers complete annual PREA training usually at a location within the community and document their signature on a PREA Annual Training Acknowledgement form. Contractors complete annual refresher PREA training on-line (DOCOTA) and with MDOC staff. Confirmation of both volunteers and contractors PREA training was reviewed by the auditors. Vendor contractors are escorted by a staff member at all times or shall receive PREA training prior to entering the facility.

## **Standard 115.33: Inmate education**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.33 (a)**

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No

#### **115.33 (b)**

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? ☒ Yes ☐ No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? ☒ Yes ☐ No

#### **115.33 (c)**

- Have all inmates received such education? ☒ Yes ☐ No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility? ☒ Yes ☐ No

#### **115.33 (d)**

- Does the agency provide inmate education in formats Accessible to all inmates including those who are limited English proficient? ☒ Yes ☐ No
- Does the agency provide inmate education in formats Accessible to all inmates including those who are deaf? ☒ Yes ☐ No

- Does the agency provide inmate education in formats Accessible to all inmates including those who are visually impaired? ☒ Yes ☐ No
- Does the agency provide inmate education in formats Accessible to all inmates including those who are otherwise disabled? ☒ Yes ☐ No
- Does the agency provide inmate education in formats Accessible to all inmates including those who have limited reading skills? ☒ Yes ☐ No

#### 115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions? ☒ Yes ☐ No

#### 115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with a review of D1-8.13 Sexual Abuse and Sexual Harassment; SOP5-1.2 Institution Receiving and Orientation; Comprehensive PREA Offender Class Enrollment Rosters; PREA Victim/Abuser Protocol; NECC Offender Handbook; Interviews with Offenders; Offender Sexual Abuse Sexual Harassment Acknowledgement Forms, PREA Posters, Pamphlets; Video and Lesson Plan "PREA: What You Need to Know," 44 Offenders Interviews; Classification Hearing Forms, NECC exceeds in meeting the mandate of this standard. NECC ensures all incoming offenders who arrive earlier during the week, receive a PREA pamphlet and are shown the PREA video in the property room. On the second day, newly arrived offenders will report to a classroom in the programming areas for a comprehensive PREA education session. During this session, the offenders are shown the PREA video PREA "What You Need to Know" a second time and interact and ask questions pertaining to material in the video by the Case Manager who is teaching the class. PREA education is also available on the offenders' tablets. There were 952 offenders admitted during the past 12 months who were given PREA information. Offenders acknowledge by signature on the Offender Sexual Abuse and Harassment Acknowledge form viewing the PREA video, receiving a PREA pamphlet and an Information Guide to Sexual Abuse and Sexual Harassment. Receipt of PREA educational material is also documented by



signature of the offender on the Classification Hearing Form. The documented PREA training is maintained in the offender's file. PREA posters are posted in all housing units, program areas, visiting room, and food service in English and Spanish and is available in other languages as needed. This material is accessible to the offender population which provides offenders with a continuously and readily availability of PREA education resources.

All offenders' interviews (44) acknowledged receipt of PREA educational material upon their arrival during intake and orientation. The offenders also referenced the PREA posters throughout the facility, Offenders' Handbook, PREA literature received and observance of the PREA video as receiving and understanding PREA education during interviews. The offenders also stressed that staff ensures the offender population not only receive the PREA educational material during intake and orientation, staff would insist they take the material given to them upon leaving. The offender population was respectful of the staff and appreciative of their methods in providing PREA education.

The Auditor was present during the intake process and observed staff issuing PREA material. Offenders signed the forms acknowledging the receive the material and education.

## **Standard 115.34: Specialized training: Investigations**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.34 (a)**

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

#### **115.34 (b)**

- Does this specialized training include techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does this specialized training include proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

#### 115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]  
☒ Yes ☐ No ☐ NA

#### 115.34 (d)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of MDOC Policy D1-8.13; MDOC Lesson Plan– Special Investigator Training; Interview with OPS Investigator, and Training Acknowledgement for Investigators, NECC meets the mandate of this standard. OPS Investigators are assigned to conduct sexual abuse allegations and/or sexual harassment within the MDOC. The ten assigned OPS Investigators have received specialized training for conducting sexual abuse/harassment investigations in confinement settings. The OPS Investigators complete a 40-hour course that includes PREA Specialist Investigative Training at the Central Office in Jefferson City, MO. This training includes techniques for interviewing sexual abuse victims, proper use of the Miranda and Garrity warnings, sexual abuse evidence collection in confinement setting, criteria and evidence to substantiate a case for administrative action or prosecution referral. Confirmation of investigators' completion of specialized training was confirmed through an interview. The OPS investigator articulated the training completed during the interview process.

#### Standard 115.35: Specialized training: Medical and mental health care

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? ☒ Yes ☐ No

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? ☒ Yes ☐ No

#### 115.35 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.) ☒ Yes ☐ No ☐ NA

#### 115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? ☒ Yes ☐ No

#### 115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? ☒ Yes ☐ No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of MDOC Policy D1-8.13, PREA Specialized Training for Medical and Mental Health curriculum; SANE/SAFE training curriculum, NECC meet the mandate of this standard. All staff who provide health care and/or mental health services, have participated in a specialized training

titled PREA-Specialized Medical/Mental Health Professional Training. The course is a 2.0 hours credit course. Staff members received training on the following topics, to include trauma-informed care, detecting and assessing signs of sexual abuse and sexual harassment, preserving physical evidence, effective and professional response, reporting and the PREA standards and understanding sexual trauma in custody. The review of medical and mental health personnel training records by the auditors confirmed that these employees also receive the same PREA training as correctional officers and have a duty to report when they have knowledge of sexual abuse.

A phone interview with the SANE Nurse indicated she does conduct the forensic examinations at the facility for offender on offender sexual abuse. Any allegation of sexual abuse of staff on offender would be conducted at a local hospital.

## SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

### Standard 115.41: Screening for risk of victimization and abusiveness

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### 115.41 (a)

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No
- Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No

#### 115.41 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?  
☒ Yes ☐ No

#### 115.41 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?  
☒ Yes ☐ No

#### 115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? ☒ Yes ☐ No

#### 115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? ☒ Yes ☐ No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? ☒ Yes ☐ No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse? ☒ Yes ☐ No

#### 115.41 (f)

- Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? ☒ Yes ☐ No

#### 115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a: Referral?  
☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to a: Request?  
☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to a: Incident of sexual abuse? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to a: Receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness? ☒ Yes ☐ No

#### 115.41 (h)

- Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? ☒ Yes ☐ No

#### 115.41 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of MDOC Policy D1-8.13; Missouri Department of Corrections Institutional Services Procedural Manual, IS5-2.3 Offender Internal Classification (MDOC Policy IS5-2.3) Adult Internal Risk Assessment (AIRA) Manual and Completed AIRA Screening Forms, Interviews with Intake/Staff who perform risk screening, NECC meets the mandate of this standard. NECC received 951 offenders whom stay was longer than 72 hours at the facility. There were 951 whose length of stay in the facility was for 30 days or more who were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival at the facility based upon any additional, relevant

information received since intake. Policy dictates newly arriving offenders shall be assessed utilizing the AIRA Tool to identify those at risk for being sexually abusive or sexually abused. The initial screening shall be completed within 72 hours of the offender's arrival at the facility. An offender's reassessment is conducted within 30 days from the date of the initial assessment and at any other time when warranted based upon the receipt of additional relevant information or following an incident of abuse or victimization. Staff who conduct intake screening also perform the offender's 30-day reassessment. The auditor reviewed documentation of 92 initial and reassessment completed. All 92 initial assessments were completed within 72 hours of the offender's arrival. Only ten of the 30-day reassessments were completed outside the 30-day requirement period. However, staff existed a practice and procedure of completing the required duties with minimum discrepancies. Documentation confirmed offenders received their initial assessment on the day of their arrival or the following day. Intake staff indicated the offenders may receive their initial 72 hours assessment the day after their arrival due the late arrival on the incoming bus movement. The initial screening and reassessments are conducted in a private setting in the inmate's assigned housing unit by Case Managers who are assigned these duties. The offenders who are required to be placed in the segregation unit are screened by the Case Manager assigned to that unit. The screening instrument includes whether the offender has a mental, physical, or developmental disability, the age and physical build of the offender, previously incarceration history, whether the offender's criminal history is exclusively nonviolent, prior convictions for sex offenses, whether the offender is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming, past sexual victimization, self-perception of vulnerability and civil immigration status. Offenders that are identified as potential victims are referred for a mental health evaluation. Staff reassesses the offender's risk of victimization or abusiveness based upon any additional, relevant information received by the facility to ensure any concerns with the offender's safety is addressed. Information obtained during the initial assessment and reassessment summary is placed in the offender's classification file. These files are accessible to identified authorized staff only that includes the Case Managers, Unit Managers, Warden and Deputy Warden. Information obtained during the assessments determines how offenders are scored such as Alpha (high risk of abusiveness), Kappa (low risk of abusiveness or victimization) or Sigma (high risk of victimization). Offenders are not disciplined for refusing to answer or for not disclosing complete information related to the screening questions.

## **Standard 115.42: Use of screening information**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.42 (a)**

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? ☒ Yes ☐ No



- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? ☒ Yes ☐ No

#### 115.42 (b)

- Does the agency make individualized determinations about how to ensure the safety of each inmate? ☒ Yes ☐ No

#### 115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? ☒ Yes ☐ No
- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems? ☒ Yes ☐ No

#### 115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate? ☒ Yes ☐ No

#### 115.42 (e)

- Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? ☒ Yes ☐ No

#### 115.42 (f)

- Are transgender and intersex inmates given the opportunity to shower separately from other inmates? ☒ Yes ☐ No

#### 115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing:

lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No.

### Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of MDOC Policy D1-8.13; MDOC Policy IS5-2.3; MDOC IS5-3.3; MDOC Policy IS5-3.1; Missouri Department of Corrections Institutional Services Procedural Manual, IS18-1.1 Required Activities (MDOC Policy IS18-1.1); Transgender Committee Meetings Minutes, Interviews with Warden, Case Managers, PREA Site Coordinator, Director of Adult institutions, OPS PREA Coordinator, NECC meets the mandate of this standard. NECC uses information from the risk assessment to make housing and bed assignments with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive. Based on information obtained during the assessment, offenders are scored as Alpha (high risk of abusiveness), Kappa (low risk of abusiveness or victimization) or Sigma (high risk of victimization). The information obtained is used by staff to make individualized determinations on how to ensure the safety of each offender. Alpha and Sigma are not housed in the same unit. Upon the offenders' arrival at NECC, all offenders are assessed for risk of sexual victimization and potential for sexual perpetration. Offenders are assigned a score of either Alpha, Kappa, or Sigma. Alpha offenders have a high potential for sexual perpetration. Kappa offenders have no risk for either victimization or perpetration. Sigma offenders have a high risk for sexual victimization. An offender classified as a sigma offender and an offender classified as an alpha are never placed in the same cell. A master list of offenders who have received violations for Forcible Sexual Misconduct is kept by the staff person who is responsible for making housing assignments.

With regard to the offender programming, all mandatory programs are under direct supervision of NECC classification staff. NECC classification staff are aware of the offenders Adult Internal Risk Assessment scores and supervise these classes with this information in mind. NECC has instituted a procedure for worksite supervisors to monitor offenders for risk of victimization/perpetration.

Transgender or intersex offender's housing is considered on a case-by-case basis, placement considers the offenders health and safety, and whether the placement would present management or security problems. Interviews with staff confirmed a transgender or intersex offender's own view with respect to his or her own safety would be given consideration.

Review of Transgender Committee meeting minutes and interviews with three offenders identified as transgender, confirmed staff conduct additional detailed assessments twice a year. The offenders' own view of the vulnerability within the general population, whether the offender require special accommodations for showering, historical overview of the offender's transgender or intersex status, adult internal risk assessment review and a review of institutional adjustment. List of any PREA allegations and investigations, review of programming assignments, health care treatment status, special accommodations or request made by the offender are noted in addition to security concerns raised by the offender or staff members, and recommendations made by the Transgender Committee are noted in the meeting minutes. Individual showers are available for all offenders. Transgender and intersex offenders are given the opportunity to shower separately from other offenders upon request. NECC does not place gay, bisexual, transgender, or intersex offenders in a dedicated unit based solely on identification or status. There were zero offenders identified as intersex designated at NECC during the audit review period.

## **Standard 115.43: Protective Custody**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.43 (a)**

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? ☒ Yes ☐ No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? ☒ Yes ☐ No

#### **115.43 (b)**

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have Access to: Programs to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have Access to: Privileges to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have Access to: Education to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have Access to: Work opportunities to the extent possible? ☒ Yes ☐ No

- If the facility restricts Access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? ☒ Yes ☐ No
- If the facility restricts Access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? ☒ Yes ☐ No
- If the facility restricts Access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? ☒ Yes ☐ No

#### 115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? ☒ Yes ☐ No
- Does such an assignment not ordinarily exceed a period of 30 days? ☒ Yes ☐ No

#### 115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety? ☒ Yes ☐ No
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? ☒ Yes ☐ No

#### 115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of MDOC Policy D1-8.13; IS21.1 Temporary Administrative Segregation Confinement and the Involuntary Segregated Housing of Protective Custody Protocol; Directive

Segregated Housing for Protection; IS21-1.1 Temporary Administrative Segregation Confinement; Interviews with the Warden, Supervisor of Segregation, PREA Site Coordinator, NECC meets the mandate of this standard. The agency and NECC has policies and procedures in place that ensure offenders at high risk for sexual victimization are not placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. If an offender would be placed in involuntary segregation housing, the offender would have a review conducted by the Shift Commander, Warden and Classification Committee. Alleged victims of offender sexual abuse or offenders viewed as being at risk of victimization should not be assigned to administrative segregation protective custody for no longer than a 30- day period. Interviewed staff indicated that if it became necessary to utilize restricted housing for this purpose, the offender would have access to programs, privileges, education, and work opportunities to the extent possible as general population and any restrictions would be document the basis for the facility's concern for the offender's safety and the reason why no alternative means of separation be arranged. Housing of such would only be utilized as needed until other means can be made available and only until the investigation is completed.

## REPORTING

### Standard 115.51: Inmate reporting

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### 115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? ☒ Yes ☐ No

#### 115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
- Does that private entity or office allow the inmate to remain anonymous upon request?  
☒ Yes ☐ No

- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? ☒ Yes ☐ No

#### 115.51 (c)

- Does staff Accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? ☒ Yes ☐ No
- Does staff promptly document any verbal reports of sexual abuse and sexual harassment? ☒ Yes ☐ No

#### 115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of MDOC Policies D1-8.13 and D1-8.9; Employee Handbook; Offender Handbook; PREA Posters and Brochure; NECC Coordinated Response Plan; MOU with Department of Public Safety and the PREA Hotline information, NECC meets the mandate of this standard. A variety of procedures have been established both internally and externally that allows the offenders to report sexual abuse and harassment. Offenders receive a copy of the Offender Handbook/Offender Rules during the intake process which advises them they may contact any staff member either verbally or in writing whether the alleged incident involved the reporting offender or not, call the Department's Confidential PREA Hotline, pressing "8" or dialing (573) 526-PREA (7732), write to the Missouri Department of Public Safety, Crime Victims Services Unit @ P.O. Box 49, Jefferson City, MO 65102. Confirmation of the offenders' access to the PREA Hotline was obtained during testing of the offenders' telephone system. Reports to the Missouri Department of Public Safety, Crimes Victims' Unit may be made confidentially and remain anonymous upon request. Offenders may also report allegations to third parties who in turn would contact the MDOC concerning the allegations. All allegations, including anonymous allegations, are investigated. Agency policy requires staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties. NECC does not house offenders solely for civil immigration offenses.

Staff identified several avenues in which the offenders could privately report sexual abuse/harassment that included the tips hotline, speak directly to any staff member, report to OPS Investigative staff, and/or

have a family member or friend call the facility and report for them. Staff confirmed that would document all verbal reports of sexual abuse/harassment prior to departing from their shift.

Forty-four offenders were interviewed, and all indicated they were familiar ways to report sexual abuse or harassment allegations. Offenders indicated at least two or more of the following methods of reporting: report to staff, file a grievance, have a family member or friend report for them, write the Missouri Department of Public Safety and/or anonymously. An interview with the OPS Investigator confirmed all allegations reported to include anonymous and third party are investigated in accordance to MDOC policy and the PREA standards. An available method to reporting sexual abuse/harassment allegations for offenders is available to the public through the Agency's website at <http://doc.mo.gov/OD/PREA.php>.

The auditor received correspondence from two offenders before the audit. Auditor interviewed both offenders. An interview was conducted with the PREA Site Coordinator about written communication to the crisis center. She confirmed that will be treated as legal mail.

## **Standard 115.52: Exhaustion of administrative remedies**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.52 (a)**

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.  
☐ Yes ☒ No ☐ NA

#### **115.52 (b)**

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

#### **115.52 (c)**

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA



#### 115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

#### 115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

#### 115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a Substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance alleging an inmate is subject to a Substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the Substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard. ☒ Yes ☐ No ☐ NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in Substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

#### 115.52 (g)

- If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of MDOC Policy D1-8.13; Missouri Department of Corrections Department Procedural Manual, D5-3.2 Offender Grievances (MDOC Policy D5-3.2, Offender Handbook/Offender Rulebook, Interview with inmate population and Grievance Officer, NECC meets the mandate of this standard. Offenders are informed of the grievance process during orientation. This information is also included in the Offender Rulebook. Offenders are required to use any informal grievance or complaint process. Offenders do not have a time limit imposed for submitting a grievance related to an allegation of sexual abuse. Offenders will not submit a complaint to a staff member who is the subject of the complaint. Agency policies and procedures require a decision on the merit of any grievance or portion of a grievance alleging sexual abuse to be made with 90 days of filing the grievance. Staffs are required to notify the offender in writing when the agency files for an extension, including notice of the date by which a decision will be made. MDOC authorizes assistance for filing these grievances by third parties, to include other offenders, family members, friends, attorneys, and outside advocates. The Agency policies also address the offender's opportunity to file an emergency grievance alleging they are a subject to a Substantial risk of imminent sexual abuse. Under these circumstances, the agency is required to issue a response to the offender within 48 hours upon receipt of the grievance and a final decision must be issued within 5 days.

An interview was conducted with the Assistant Warden. She indicated upon her receiving a grievance alleging a PREA allegation, the grievance would immediately be forwarded for investigation by the OPS Investigators. The investigative response is required to be completed within 30 days. She confirmed; she has not received any grievances alleging PREA allegations within the past 12 months of the audit.

## **Standard 115.53: Inmate Access to outside confidential support services**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.53 (a)**

- Does the facility provide inmates with Access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrants services agencies? ☒ Yes ☐ No
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

#### **115.53 (b)**

- Does the facility inform inmates, prior to giving them Access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in Accordance with mandatory reporting laws? ☒ Yes ☐ No

#### **115.53 (c)**

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse? ☒ Yes ☐ No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☒ Yes ☐ No

### **Auditor Overall Compliance Determination**

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review D1.8.13 Offender Sexual Abuse and Harassment, PREA brochure, in the Offender Handbook/Offender Rulebook, Interviews with the PREA Site Coordinator, OPS PREA Coordinator, and List of Available National Sexual Abuse Agencies, NECC meets the mandate of this standard. Offenders are provided with addresses and phone numbers to national sexual abuse agencies at the Just Detention International 3325 Wilshire Blvd., Suite 340 Los Angeles, CA.90010 (800) 223-5001, and Rape, Abuse and Incest National Network (RAINN) 1220 L Street NW, Suite 505 Washington DC.20005 (800) 656-HOPE (4673). Letters to the aforementioned addresses are confidential and not subject to examination by staff. This information is posted throughout the facility accessible to the offender and staff population in both English and Spanish. Although the offender population did not identify organizations as such during the interview process, they were aware of the flyers posted throughout the facility. The flyers note "Per department policy, mail will be subject to examination and phone calls may be monitored."

The OPS PREA Coordinator continues to solicit community rape crisis organizations throughout the State that is willing to establish a partnership with several of the agency facilities. However, at this time, an agreement has not been established for many of the facilities to include NECC. Efforts of the OPS PREA Coordinator is documented through logs. In lieu of a local community victim advocate the Chaplain has completed victim advocate training and serves as the qualified staff member available to provide emotional support services and counseling.

## Standard 115.54: Third-party reporting

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### 115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with a review of MDOC Policy D1-8.13, third party reporting posters and the MDOC PREA Policy Web Page (<http://www.doc.mo.gov/OD/PREA/PREA.php.html>) were reviewed and meets the mandate of this standard. The PREA link on the website provides information on third party reporting of alleged PREA incidents. The information on the web site encourages third parties to report allegations to call 573-526-9003; write PREA Unit Missouri Department of Corrections 2728 Plaza Drive Jefferson City, MO 65109 and/or Emailing DOC.PREA@doc.mo.gov. This information is included in the PREA brochures which are provided to each offender. Interviews with random staff and random offenders confirmed allegations of sexual abuse and/or sexual harassment of offenders could be reported by third party to include family, friends and other associates.

## OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

### Standard 115.61: Staff and agency reporting duties

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### 115.61 (a)

- Does the agency require all staff to report immediately and According to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and According to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and According to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? ☒ Yes ☐ No

#### 115.61 (b)

- Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? ☒ Yes ☐ No

#### 115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? ☒ Yes ☐ No

#### 115.61 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? ☒ Yes ☐ No

#### 115.61 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third party and anonymous reports, to the facility's designated investigators? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.13 Offender Sexual Abuse and Harassment; Coordinate Response for Northeast Correctional Center; Examples of Third Party Reports and Anonymously Reported PREA Allegations; IS11-32 Receiving Screening-Intake Center (MDOC Policy IS11-32); Chapter 217 and 630 of the MDOC Revised Statutes, NECC Coordinated Response Plan, Interviews with Medical and Mental Health Staff, NECC meets the mandate of this standard. In accordance with policy, informal and formal interviews with random and specialized staff, all were aware of their responsibility to immediately report and document any knowledge or suspicion of violation of this standard to include those by third party and/or anonymous to their immediate supervisor, Shift Commander or higher-ranking staff. Failure to report offender sexual abuse is a crime itself. All staff, volunteers, and contractors are to immediately report any knowledge, suspicion, or information regarding an incident of sexual of sexual abuse/harassment that occurred and any knowledge of retaliation against offenders or staff who reported such an incident and any staff member's neglect or violation of responsibilities that may have contributed to an incident or retaliation in reference to cooperating with the investigation. Those staff interviewed, indicated they would report all knowledge of PREA allegations on any and all staff without consideration of another's supervisory position or relationship with a co-worker.

Staff were knowledgeable of the agency's policy that prohibits them from discussing information related to sexual abuse reports with anyone other than those to the extent necessary such as those who perform medical and mental health treatment, conduct investigations, and other security and management decisions.

Policy is in place to ensure unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners are required to report sexual abuse pursuant to the first paragraph of this section and to inform offenders of the practitioner's duty to report and the limitations of confidentiality at the initiation of services. Interviews with the Mental Health Administrator, SANE Nurse, and Facility Nurse, each advise the offender at the initiation of services in their limitations of confidentiality and their duty to report. Staff reported they are required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to a designated supervisor or official immediately upon learning of it. NECC does not house any offenders under the age of 18.

## Standard 115.62: Agency protection duties

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.62 (a)

- When the agency learns that an inmate is subject to a Substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.13 Offender Sexual Abuse and Harassment; Directive Segregated Housing for Protective Custody, Interviews with the Warden, Deputy Warden/PREA Site Coordinator and Staff who Supervise Segregated Housing, NECC meets the mandate of this standard. The agency has policies and procedures in place in where staff are trained to ensure that upon their awareness an offender is subject to a substantial risk of imminent sexual abuse, immediate actions are taken to protect the offender. Per interviews with the Warden and Deputy Warden/PREA Site Coordinator each case is evaluated on a case by case basis and an offender would not be placed in segregated housing unless there were no available alternative means until other steps can be taken. An offender housing and job assignments could be changed and/or one of the offenders could be transferred based on the nature of the reported allegation and the potential harm to the offender identified at risk of imminent sexual abuse.



The auditors presented a variety of scenarios to random staff for response to the actions they would take upon becoming aware that an offender is subject to a substantial risk of imminent sexual abuse. Every staff member interviewed confirmed they would immediately remove the offender from the area of threat and notify their security supervisor and await further guidance. Staff confirmed under no circumstances would they not take immediate actions of removing the offender under such conditions. During the past 12 months of the audit there were zero instances of offenders placed in involuntary segregated housing.

## Standard 115.63: Reporting to other confinement facilities

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.63 (a)

- Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? ☒ Yes ☐ No

#### 115.63 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? ☒ Yes ☐ No

#### 115.63 (c)

- Does the agency document that it has provided such notification? ☒ Yes ☐ No

#### 115.63 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in Accordance with these standards? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

☐ Exceeds **Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of MDOC Policy D1-8.13 Offender Sexual Abuse and Harassment, Review of the PREA Allegation Notification Checklist Institution, Review of Investigative Files, Interview with the Warden, OPS PREA Coordinator, and PREA Site Coordinator, NECC meets the mandate of this standard. MDOC policy require upon receiving information that an offender has been sexually abused while assigned at another correctional facility, the coordinated response for offenders' sexual abuse will

be immediately initiated. If the alleged abuse occurred at a facility outside the department, the notification checklist will be forwarded to the department's PREA Coordinator. The PREA Coordinator will ensure notification to the facility is made with 72 hours. The PREA Site Coordinator documents the notification made. During the past 12 months of the audit, NECC received one (1) PREA allegation which was alleged to have occurred while the offender was housed at another facility. The incident alleged was reported on May 20, 2018 and was alleged to have occurred in 1988. The electronically documented PREA Allegation Checklist forms confirmed notification was made within 8 hours of the reported incident. All allegations were reported to the OPS PREA Unit for investigation.

The above incident was investigated and determined to be unsubstantiated by investigators.

## **Standard 115.64: Staff first responder duties**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.64 (a)**

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser? ☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? ☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

#### **115.64 (b)**

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? ☒ Yes ☐ No

### **Auditor Overall Compliance Determination**

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.13 Sexual Abuse and Sexual Harassment; Prison Rape Elimination Act (PREA) - MDOC Basic Training Section of First Responder; Copies of PREA Allegation Notification Checklist- Institution; SECC Coordinated Response Protocol; Interviews with Supervisory Staff, Random Staff, Warden, and PREA Site Coordinator, NECC meets the mandate of this standard. Policies are in place to ensure upon learning of an allegation that an offender was sexually abused, the first staff member to respond to the report shall be required to: 1) separate the alleged victim and abuser; 2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; 3) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any action that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and 4) If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating defecating, smoking, drinking or eating.

In the past 12 months there were 37 allegations of sexual abuse were received at NECC. These allegations also included alleged touching to include by staff during the performance of pat searches, allegations of penetration and non-penetration and delayed reporting. Both security staff and non-security are trained to serve as first responders to allegations of sexual abuse. Security staff and non-security staff interviewed confirmed their understanding of the agency' Coordinated Response Protocol and their understanding in acting as a first responder. The auditors introduced different scenarios to staff during the interview process that allowed staff to respond to different events in which they could serve as a first responder. All staff to include security and non-security articulated the response protocol duties as noted in policy while notifying the Shift Commander and their immediate supervisor. Security staff and non-security staff are issued PREA cards to utilize as a reference when serving as a first responder. Staff maintained possession of these cards and presented them to the auditors during the interview process.

An interview was conducted with a security staff first responder. He described the actions taken by as the first responder while working the housing unit. He immediately followed the first responder protocol and notified his Supervisor. The alleged incident happened on the previous shift prior to the alleged victim reporting the allegation of sexual abuse. The incident was reported and investigated. It was unfounded by the investigator.

## Standard 115.65: Coordinated response

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### 115.65 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with a review of Directive D1-8.13 Offender Sexual Abuse and Harassment; PREA Allegation Notification Checklist – Institution; Coordinated Response for NECC; Interviews with Random and Specialized Staff, Warden, PREA Site Coordinator, OPS PREA Coordinator, NECC meets the mandate of this standard. The PREA Coordinated Response Plan coordinates the actions taken in response to an incident of sexual abuse among first responders, security, facility leadership, and victim advocate. Staff first responders, medical and mental health practitioners, investigators, and facility leadership have designated roles. The Protocol list provides guidance for the reporting of various allegations that include: Definitions; Basic Roles & Responsibilities; Penetration/ Sexual assault Exam; Penetration/ No Sexual assault Exam; Non-penetration Events; Penetration Events; Sexual Harassment; Exceptions and Resources.

### Standard 115.66: Preservation of ability to protect inmates from contact with abusers

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

##### 115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? ☒ Yes ☐ No

##### 115.66 (b)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D2-11.6 Labor Organizations; Final Agreement between The State of Missouri Office of Administration, The Department of Corrections Division of Adult Institutions, and Missouri Correctional Officer Association (MOCOA), and Interviews with the Warden, OPS PREA Coordinator, PREA Site Coordinator, NECC meets the mandate of this standard. MDOC currently does not have a Union. MDOC will not enter into or renew any collective bargaining agreements or other agreements that limit the department's ability to remove alleged staff sexual abusers from contact with any offender or offender pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. The facility can remove alleged staff sexual abusers from contact with any offenders or place an employee on administrative leave pending the outcome of an investigation and is compliant with this standard.

## **Standard 115.67: Agency protection against retaliation**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.67 (a)**

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? ☒ Yes ☐ No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

### **115.67 (b)**

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? ☒ Yes ☐ No

### **115.67 (c)**

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? ☒ Yes ☐ No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

#### 115.67 (d)

- In the case of inmates, does such monitoring also include periodic status checks? ☒ Yes ☐ No

#### 115.67 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation? ☒ Yes ☐ No

#### 115.67 (f)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.13 Offender Sexual Abuse and Sexual Harassment, Assessment/Retaliation Status Checklist, Interviews with Director of Adult Institutions, Staff Assigned to Monitor Retaliation, and Warden, NECC meets the mandate of this standard. The Unit Managers are assigned to conduct retaliation monitoring for offenders who are assigned to their respective housing unit. The PREA Site Coordinator is assigned to conduct staff retaliation monitoring. Interviews with staff assigned to monitor retaliation confirmed the initiation of monitoring begins after the allegation has been reported. After the initial contact, emotionally support services and monitoring is continued 30 days from the initial contact, followed by 60 days and 90 days, or longer. A multiple of protection measures are made following any retaliation claims that includes gathering evidence to confirm or rebuke the claims. If deemed necessary, staff will be temporarily reassigned, or the offender will be moved to another housing location. Offenders are monitored for housing changes, program changes, disciplinary reports, and negative performance reviews by staff, treatment of offenders who reported the sexual abuse to see if there are changes that may suggest retaliation by offenders or staff. If the victim expresses fear of retaliation, monitoring will continue for an additional 90-day period or until the victim or reporter is no longer in fear of retaliation or if the investigation or inquiry is unfounded.

Except in instances where the agency determines that a report of sexual abuse is unfounded. Retaliation monitoring was properly documented by the assigned Retaliation Monitor and ended eat the point when the threat of retaliation no longer existed. Staff documented meeting dates with offenders and conversation held while addressing any concerns the offender may have had on the Assessment/Retaliation Status Checklist.

An interview with the Warden confirmed staff would be offered assistance from the Employee Assistance Program, PEER Program, other available resources in addition to meeting personally with the staff member.

There were zero staff that required retaliation monitoring during the past 12 months of the audit and there were zero substantiated cases of retaliation determined.

## Standard 115.68: Post-allegation protective custody

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### 115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? ☒ Yes ☐ No

### Auditor Overall Compliance Determination



☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.13 Offender Sexual Abuse and Sexual Harassment; Directive Segregated Housing for Protection; ion IS21.1 Temporary Administrative Segregation Confinement and the Involuntary Segregated Housing of Protective Custody Protocol, Interviews with Staff assigned to Supervise Segregated Housing, and Warden, NECC meets the mandate of this standard. The agency has policies and procedures in place that offenders at high risk for sexual victimization are not placed in involuntary segregated housing unless an assessment of all available alternatives is available. If an offender would be placed in involuntary segregation housing, the offender would have a review conducted by the Shift Commander, Warden and Classification Committee. Alleged victims of sexual abuse or offenders viewed as being at risk of victimization should not be assigned to administrative segregation protective custody for no longer than a 30-day period. Per an interview with the Warden, zero offenders have been placed in segregation. The only time an alleged victim or offender at high risk of sexual victimization would go to administrative segregation is if he is already in segregation. A protective custody unit is available and would be used if the alleged victim could not identify the alleged abuser or threat.

## INVESTIGATIONS

### Standard 115.71: Criminal and administrative agency investigations

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### 115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

#### 115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? ☒ Yes ☐ No

#### 115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☒ Yes ☐ No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?..  
☒ Yes ☐ No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ☒ Yes ☐ No

#### 115.71 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? ☒ Yes ☐ No

#### 115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? ☒ Yes ☐ No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? ☒ Yes ☐ No

#### 115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? ☒ Yes ☐ No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? ☒ Yes ☐ No

#### 115.71 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? ☒ Yes ☐ No

#### 115.71 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?  
☒ Yes ☐ No

#### 115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? ☒ Yes ☐ No

#### 115.71 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? ☒ Yes ☐ No

#### 115.71 (k)

- Auditor is not required to audit this provision.

#### 115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with a review of Directive D1-8.1 Office of Professional Standards; OPS Investigative Staff Training Records, Reported Allegation of Sexual Abuse; Agency Record Retention Schedule; port of Interviews with Director of Adult Institutions, OPS PREA Coordinator, OPS Investigator, Facility Investigator and Warden, Review of Investigative Files, NECC meets the mandate of this standard. A computer-generated roster documented completed specialized training of all OPS Investigators who are authorized to conduct administrative and criminal investigations of sexual harassment and sexual abuse within MDOC. A facility investigator is assigned to conduct administrative sexual harassment allegations. The PREA Unit in the Offender of Professional Standards conducts all offender sexual abuse investigations. Sexual harassment and allegations involving searches are conducted by trained institutional investigators. When an investigator believes there is probable cause that a criminal act has been committed, the investigator conducting the investigation shall notify the Chief Administrative Officer (CAO), who will determine whether law enforcement should be contacted to complete the investigation. If law enforcement declines to investigate the incident, the OPS Investigators complete the investigation and processing of the incident. If the investigation determines that a criminal act has occurred, the CAO then refers the incident to the appropriate prosecutor's office. In cases where the investigations are conducted by the PREA Unit, OPS Investigators notifies the OPS Director who will review the incident for possible referral to the prosecuting attorney or an outside law enforcement

agency. Under circumstances of employee related cases, the OPS Investigators notify the OPS director who reviews the incident for possible referral to the prosecuting attorney or an outside law enforcement agency. The OPS Investigators maintain an open line of communication with investigators from outside agencies while providing additional support as needed. The auditors randomly selected 15 completed investigative files for review that included a variety of substantiated, unsubstantiated, and unfounded findings. An interview with the OPS Investigator and review of the investigative files confirmed the collection of evidence to support the finding of each investigation. The investigations were thorough and the investigative files contained interviews with alleged victims, suspected perpetrators, and witnesses, any available physical evidence, video monitoring, pictures, background of both the alleged victim and alleged perpetrator, whether staff actions or failure to act contributed to the abuse, review of prior complaints of sexual abuse involving the suspected perpetrator. The credibility of an alleged victim, suspect, or witness is assessed on an individual basis and not determined by the person's status as an offender or staff. Offenders who allege sexual abuse are not required to submit to a polygraph examination or other truth telling device as a condition for proceeding with the investigation of such an allegation. Additionally, the departure of the alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation. All investigative files are retained for 90 years.

Thirty-seven allegations of sexual abuse and sexual harassment were referred for investigation by the OPS PREA Unit Investigators. Twenty- seven allegations resulted in an administrative investigation and 10 were referred for criminal investigations by the OPS Investigators. The allegations and findings were identified as the following:

Fourteen offenders on offender sexual abuse allegations reported. Zero were determined as Substantiated. Four were determined to be Unsubstantiated. Nine was determined Unfounded and one remained pending.

Four staff on offender sexual abuse: Zero was determined as Substantiated. One was determined Unsubstantiated. Three were determined Unfounded.

Fifteen offenders on offender sexual harassment were reported. Four was determined as Substantiated, five were determined Unsubstantiated and six unfounded.

Four staff on offender harassment was reported. One was determined Unsubstantiated. Three were determined Unfounded.

## **Standard 115.72: Evidentiary standard for administrative investigations**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report 115.72 (a)**

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? ☒ Yes ☐ No

### **Auditor Overall Compliance Determination**

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with MDOC Policy D1-8.13 Offender Sexual Abuse and Sexual Harassment, and interview with the OPS Investigator, the agency imposes no standard higher than a preponderance of the evidence whether allegations of sexual abuse or sexual harassment are substantiated. NECC meets the mandate of this standard

### Standard 115.73: Reporting to inmates

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### 115.73 (a)

- Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? ☒ Yes ☐ No

#### 115.73 (b)

- If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) ☐ Yes ☐ No ☒ NA

#### 115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer posted within the inmate's unit? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer employed at the facility? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? ☒ Yes ☐ No

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

#### 115.73 (d)

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No
- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

#### 115.73 (e)

- Does the agency document all such notifications or attempted notifications? ☒ Yes ☐ No

#### 115.73 (f)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review MDOC Policy D1-8.13; Review of Completed Investigation Files; PREA Alleged Sexual Abuse by Staff Member Notifications; PREA Alleged Sexual Abuse by Offender Notifications; and Interviews with Warden, OPS Investigator, PREA Site Coordinator, OPSP PREA Coordinator, NECC meet the requirements of this standard. Procedures are in place to notify the offender upon closure of the investigation the determined findings of substantiated, unsubstantiated, or unfounded sexual abuse investigations. The OPS Investigator (PREA Unit) provides notification to each MDOC facility of their investigative findings. The PREA Unit is tasked with drafting the offender notification letters within 30 days from the date an investigation is closed. The notification letter is forwarded to the site coordinator at the facility where the offender is housed. The PREA Site

Coordinator/designee meets with the offender, has the offender sign the notification and offers a copy to the offender. The PREA Site Coordinator then returns the signed notification to the PREA Unit to be maintained within the official investigative file.

The PREA Site Coordinator has designated the Unit Manager to deliver the notification to offenders assigned to their housing unit. All notifications are in writing, documented and signed by the offender and staff issuing the findings. Offenders are not discipline for refusing to sign. In the event that the investigation was conducted by an outside agency, the OPS PREA Unit will request relevant information from the outside agency in order to inform the offender of the outcome of the investigation. However, there were zero investigations completed by an outside agency.

## **Standard 115.76: Disciplinary sanctions for staff**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.76 (a)**

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? ☒ Yes ☐ No

#### **115.76 (b)**

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? ☒ Yes ☐ No

#### **115.76 (c)**

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? ☒ Yes ☐ No

#### **115.76 (d)**

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? ☒ Yes ☐ No

### **Auditor Overall Compliance Determination**

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)



☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of MDOC Policies D1-8.13 Offender Sexual Abuse and Sexual Harassment; D2-11.10 Staff Member Conduct: DORS PREA Log for Staff and Contract Staff; Review of Completed Investigative Files, Interviews with OPS PREA Coordinator, PREA Site Coordinator, NECC meets the mandate of this standard. Policy address disciplinary sanctions of employees up to removal for PREA related issues. Staff members are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse/harassment procedures. Termination from the agency will be the presumptive disciplinary action for staff members who have engaged in sexual abuse. All termination for violations or the resignation of a staff member, who would have been terminated if not for their resignation, will be reported to relevant licensing or accreditation bodies and law enforcement. Per Warden, staff would be placed on no contact with offenders until cleared by the OPS Investigators. Staff interviews revealed an awareness of the agency's zero tolerance policy and disciplinary procedures that pertains to sexual abuse and sexual harassment. There were zero staff who was discipline or terminated for violation of agency zero tolerance of sexual abuse and sexual harassment.

## Standard 115.77: Corrective action for contractors and volunteers

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### 115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? ☒ Yes ☐ No

### 115.77 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates? ☒ Yes ☐ No

## Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.13 Offender Sexual Abuse and Sexual Harassment and D2-13.1 Volunteers, Interviews with Contract Staff, Volunteers, and Warden, NECC meets the mandate of this standard. MDOC has a zero-tolerance involving sexual abuse and sexual harassment of offenders by contractors and volunteers. The policies outline criminal actions taken in the event a volunteer or contractor sexual abuses or participates in sexual harassment. These policies also require that contractors or volunteers who commit the prohibited act of engaging in sexual abuse are reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Per the Warden and investigation would be conducted and their entry would be terminated until the conclusion of the investigation and they are cleared by the OPS investigator. If an investigation is determined to be substantiated, they would be terminated and not allowed back in the facility. Interviews were conducted with one (1) volunteer and three (4) contractors, all were aware of the policies as outlined. NECC reported there were zero incidents reported of volunteers and/or contractors that engaged in sexual abuse of an offender since the past twelve months.

## Standard 115.78: Disciplinary sanctions for inmates

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### 115.78 (a)

- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process? ☒ Yes ☐ No

### 115.78 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories? ☒ Yes ☐ No

### 115.78 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior? ☒ Yes ☐ No

### 115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of Access to programming and other benefits? ☒ Yes ☐ No

#### 115.78 (e)

- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact? ☒ Yes ☐ No

#### 115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? ☒ Yes ☐ No

#### 115.78 (g)

- Does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.) ☒ Yes. ☐ No. ☐ NA

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with a review of Directive D1-8.13 Offender Sexual Abuse and Harassment SOP 19-1.1 Conduct Rules & Sanctions; Directive – Disciplinary Sanctions and Mental Health; IS19-1.1 Conduct Rules & Sanctions; PREA Violations Tracking Report it is determined NECC meets the mandate of this standard. The listed policies outline disciplinary sanctions that may be imposed on offenders who engage in sexual abuse and sexual harassment. Offenders are subject to discipline internally for inmate on inmate sexual abuse. Inmates are only disciplined for sexual relations with staff in cases where it is determined to be without consent from staff. All acts of sexual activities between offenders are prohibited and offenders determined to have committed this act will receive discipline, but only under the findings that the act was not coerced by staff or other offenders. Disabilities and mental illness factors contributing to the acts of an offender's participation in sexual activities will be considered during the discipline process.

An offender reporting an allegation of sexual abuse in good faith, in which the finding was determined not to be substantiated, will not receive discipline for making the report. If an offender is found to be guilty of sexual abuse, the offender will be referred to appropriate treatment (therapy, counseling) by mental health staff members, as available, in accordance with divisional and institutional services procedures regarding conduct violations and disciplinary sanctions. In the past twelve months, NECC reported four (4) substantiated incidents of offender on offender sexual harassment. The offenders were referred to administrative segregation. There were zero findings of Substantiated allegations concluded for sexual abuse.

An interview with the Mental Health confirmed the facility does not have any group sessions, but counseling or other interventions could be designed to address and correct underlying reason or motivations for the abuse. However, the offender would not be required to participate in such interventions as a condition for access to programming and other benefits. The above four substantiated sexual harassment cases were referred to Mental Health for them to talk with the victims and observers.

## MEDICAL AND MENTAL CARE

### Standard 115.81: Medical and mental health screenings; history of sexual abuse

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

##### 115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) ☒ Yes  
☐ No ☐ NA

##### 115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) ☒ Yes ☐ No ☐ NA

##### 115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? ☒ Yes ☐ No

#### 115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?  
☒ Yes ☐ No

#### 115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of IS11-32 Receiving Screening- Intake Center; MDOC PRE Risk Manuel; Mental Health Log; Informed Consent for Mental Health Treatment Services; D1-8.13 Offender Sexual Abuse and Sexual Harassment; IS11-32 and Corizon Health Contractual Requirements, NECC meet the requirement of this standard. Offenders at NECC are offered follow up meetings with medical or mental health professionals if they disclosed any prior sexual victimization. This is also offered to offenders who have previously perpetrated sexual abuse. SOP DI-8.13 Offender Sexual Abuse and Harassment, page 10, Section III (C) (5) states, "If the screening indicates that an offender has experienced prior sexual victimization, whether it occurred in a correctional setting or in the community, staff members shall ensure that the offender is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. If the screening indicates that an offender has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff members shall ensure that the offender is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. Medical and mental health practitioners and documentation confirmed they obtain informed consent from offenders at the initiation of providing services to offender regards reporting information about prior sexual victimization that did not occur in an institutional setting.

IS11-32 Receiving Screening – Intake Center, pages 4 -5, Section III (B) states, if during the screening, the offender reports being sexually abused within the last 72 hours or if a forensic exam is deemed medically necessary, the coordinated response to offender sexual abuse will be initiated in accordance with departmental procedures regarding offender sexual abuse and harassment. If the screening indicates the offender has experienced prior sexual victimization and a forensic exam is not deemed

medically necessary, the coordinated response protocol will not be initiated, and the offender will be offered a follow-up meeting with a medical and/or mental health practitioner within 14 days of the intake screening. If the screening indicates the offender has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff members shall ensure that the offender is offered a follow-up meeting with a qualified mental health practitioner within 14 days of the intake screening. Policy mandates that all information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff, as necessary, to allow for informed decisions for treatment plans, security and management decisions. Health services staff confirmed an informed consent is obtained from offenders in accordance with institutional services regarding informed consent at the initiation of services before reporting information about prior sexual victimization that did not occur in an institutional setting.

## **Standard 115.82: Access to emergency medical and mental health services**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.82 (a)**

- Do inmate victims of sexual abuse receive timely, unimpeded Access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners According to their professional judgment? ☒ Yes ☐ No

#### **115.82 (b)**

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? ☒ Yes ☐ No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

#### **115.82 (c)**

- Are inmate victims of sexual abuse offered timely information about and timely Access to emergency contraception and sexually transmitted infections prophylaxis, in Accordance with professionally Accepted standards of care, where medically appropriate? ☒ Yes ☐ No

#### **115.82 (d)**

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? ☒ Yes ☐ No

### **Auditor Overall Compliance Determination**

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.13 Sexual Abuse and Sexual Harassment; Sexual Assault Allegation Notification Form; NECC Coordinated Response Protocol; Mental Health Log; Corizon Health Contractual Requirements; Sexual Assault Nursing Protocol; Skills Competency Sexual Assault Nurse Examine; SANE-SART Online Clinical Lesson Plan, Medical Referrals Documentation were reviewed and address the requirement of this standard. Policies are in place to ensure offender victims of sexual abuse receive timely unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. Emergency medical treatment is provided at the facility. Per the Regional Director of Nursing with Corizon Health nursing protocols are available to guide the nurses in the event of a reported sexual assault. Two protocols are in place, one is used when the report is received and another when the patient completes the forensic examination. The providers use their professional and clinical judgment to determine if and what prophylaxis is indicated. Corizon, the Department's medical provider, has certified Sexual Assault Nurse Examiners. These nurses are on a rotation schedule by region. A SANE Nurse is contracted by MDOC to respond to NECC if notified by the Shift Commander of all allegations of sexual abuse and is required to report to the facility within four hours. Forensic medical examination involving offender on offender are conducted at NECC. Forensic medical examinations involving staff on offender are conducted at the hospital emergency room.

All security and non-security first responders are required to immediately make notification of sexual abuse allegations to a security supervisor/shift commander. The shift commander is responsible for making all notifications to include the Health Service Administrator and Chief of Mental Health. Medical and mental health staff maintain secondary materials (e.g., form, notes) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided the appropriate response by medical staff who provides 24 hours coverage, and the provision of appropriate and timely information and services concerning sexually transmitted infection prophylaxis. Treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

## **Standard 115.83: Ongoing medical and mental health care for sexual abuse victims and abusers**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.83 (a)**

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? ☒ Yes ☐ No



#### 115.83 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? ☒ Yes ☐ No

#### 115.83 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? ☒ Yes ☐ No

#### 115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) ☐ Yes ☐ No ☒ NA

#### 115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely Access to all lawful pregnancy related medical services? (N/A if all-male facility.) ☐ Yes ☐ No ☒ NA

#### 115.83 (f)

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? ☒ Yes ☐ No

#### 115.83 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? ☒ Yes ☐ No

#### 115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail. ☒ Yes ☐ No ☐ NA

#### Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.13 Sexual Abuse and Sexual Harassment; NECC Coordinated Response Protocol and Corizon Health Contractual Requirements meet the requirement of this standard. Policies are in place to offer medical and mental health evaluation and, as appropriate, treatment to all offenders who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. NECC is a male correctional facility and does not house female offenders. Review of files indicates that the evaluation and treatment is offered and documented per policy. The evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody; the facility provides such victims with medical and mental health services consistent with the community level of care and offender victims of sexual abuse while incarcerated are offered test for sexually transmitted infections as medically appropriate. Treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Medical care is available 24 hours and mental health staff are on call 24 hours and can report to the facility within two hours. NECC reported zero

NECC has not had a substantiated investigation where offender was found guilty of offender's sexual abuse that were referred and seen by mental health within 60 days. NECC had four substantiated offenders on offender sexual harassment. Those four inmates were seen by mental health and follow up counseling was offered.

## DATA COLLECTION AND REVIEW

### Standard 115.86: Sexual abuse incident reviews

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### 115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? ☒ Yes ☐ No

#### 115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? ☒ Yes ☐ No

#### 115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? ☒ Yes ☐ No

#### 115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? ☒ Yes ☐ No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☒ Yes ☐ No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? ☒ Yes ☐ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance Coordinator? ☒ Yes ☐ No

#### 115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.13 Sexual Abuse and Sexual Harassment; PREA Sexual Abuse Debriefing Reports, Interviews with a Member of the Incident Review Team/PREA Site Coordinator and Warden, NECC meets the mandate of this standard. MDOC policy requires a sexual abuse incident review must be conducted within 30 days of the conclusion of investigations, unless the allegation is determined to be unfounded. There were five sexual abuse investigations in which the findings were determined as Unsubstantiated. These debriefing were reviewed by the auditor. The review team included upper-level management officials, investigators, and medical or mental health practitioners, with input from line supervisors. The final review is submitted to the OPS PREA Coordinator, CAO, and Assistant Division Director. The Debriefing included all measures of this standard during the review process. Interview with the Warden indicated the facility would implement recommendations that result from the review or document the reasons for not making the implementations. However, there were zero recommendation made for improvement for neither of the five debriefings completed. A sexual abuse incident debriefing is not required on offender sexual harassment investigations or inquiries or if the investigation or inquiry is determined to be unfounded. The debriefings included the name of the victim, assailant, staff members involved in the briefing, date and time of the incident, what occurred, location of the incident, housing information, was the allegation motivated by race, ethnicity or sexual orientation, information on the coordinated response, information retaining to a forensic exam when applicable, mental health consultation. This information is also included in the facility's annual report.

## **Standard 115.87: Data collection**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.87 (a)**

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? ☒ Yes ☐ No

#### **115.87 (b)**

- Does the agency aggregate the incident-based sexual abuse data at least annually? ☒ Yes ☐ No

#### **115.87 (c)**

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? ☒ Yes ☐ No

#### **115.87 (d)**

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? ☒ Yes ☐ No

#### **115.87 (e)**

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) ☒ Yes ☐ No ☐ NA

### 115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) ☒  
Yes ☐ No ☐ NA

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.13 Offender Sexual Abuse and Sexual Harassment; Incident Data for 2017 and 2018, Data by fiscal year 2014, 2015, and 2016; Survey of Sexual Violence Summary Report 2016; Interviews with the Director of Adult Correctional Institutions, Warden and OPS PREA Coordinator NECC meets the mandate of this standard. Data needed to complete the annual Survey of Sexual Violence is collected in the Corrections Information Network [COIN] system. Policy D1-8.13 Offender Sexual Abuse and Harassment states, "Each facility shall utilize information from the offender sexual abuse debriefings to prepare an annual report to be submitted to the department's PREA coordinator by the last working day in March.

The report includes: 1) identified problem areas, 2) recommendations for improvement, 3) corrective action taken, 4) if recommendations for improvements were not implemented, reasons for not doing so, 5) a comparison of the current year's data and corrective actions with those from prior years, and an assessment of the facility's progress in address sexual abuse, 6) an evaluation of the need for camera and monitoring systems, 7) in consultation with the PREA site coordinator; assessment determination, and documentation of whether adjustments are needed to the staffing plan, the deployment of video monitoring and the resource availability to adhere to the staff plan. The yearly report is submitted to the Division Director and the OPS PREA Coordinator no later than the last working day in March. The PREA coordinator shall prepare an annual report compiling each facility's current year's data and corrective actions. The report shall include a comparison with prior year's data, corrective actions, and an assessment of the department's progress in addressing offender sexual abuse. The report shall be forwarded to the department director for approval by the last working day in May."

The MDOC PREA Annual Report is published on the MDOC website at <https://doc.mo.gov/programs/PREA/>. The report contains information on the progress the agency has made in the PREA program, a trend analysis of all investigations in the state and correction actions for each facility. The data is collected monthly and reported annually.

### Standard 115.88: Data review for corrective action

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### 115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? ☒ Yes ☐ No

#### 115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse ☒ Yes ☐ No

#### 115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? ☒ Yes ☐ No
- 

#### 115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of MDOC Policy D1-8.13 and the PREA Annual Reports posted on the Agency's website were reviewed and meet the requirement of this standard. The agency's policy requires the PREA Analyst to prepare and aggregate data collected throughout the agency. Each year an annual report is prepared that includes all identified noted problems within each facility while applying corrective actions for each area identified throughout the agency as a whole. The annual report includes a comparison of the current year's data and corrective actions with prior years and provides an assessment of progress in addressing sexual abuse. The Chief Administrative Officer, OPS PREA Coordinator or Agency Director edits specific material from the reports when publication would present clear and specific threat to the safety and security of a facility. The Chief Administrative Officer or designee PREA Coordinator indicates the nature of the material edited. A review of the annual reports confirmed no personal identifiers are included in the report prior to publishing on the agency website. The MDOC Annual Report on Sexual Victimization is posted on the Agency's website and available for review at <http://www.doc.mo.gov/OD/PREA.php>.

## Standard 115.89: Data storage, publication, and destruction

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained? ☒ Yes.  
☐ No

#### 115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? ☒ Yes ☐ No

#### 115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? ☒ Yes ☐ No

#### 115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)



☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of MDOC Policy D1-8.13; PREA Annual Report and the Agency's PREA Website, the agency meets the mandate of this standard. MDOC policy requires the agency to prepare an annual report. Problem areas of concern and corrective actions are included in the annual reports for each facility throughout the Agency. A comparison of the current year's data and corrective actions with those from prior years and provides an assessment of progress in addressing sexual abuse. MDOC data is retained for at least 90 years and is secured by Office of Professional Standards and PREA Analyst. The Agency ensures all personal identifiers are removed before publishing the reports. The annual report is posted on the MDOC website at <http://www.doc.mo.gov/OD/PREA.php> for review by the public. A review of the agency's website confirmed PREA Annual Reports were posted from 2010 through 2016. No identifiable markers were noted in the reports.

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### 115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) ☐ Yes ☒ No

#### 115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) ☐ Yes ☒ No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the second year of the current audit cycle.) ☐ Yes ☐ No ☒ NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency,

were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) ☒ Yes ☐ No ☐ NA

#### 115.401 (h)

- Did the auditor have Access to, and the ability to observe, all areas of the audited facility? ☒ Yes ☐ No

#### 115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? ☒ Yes ☐ No

#### 115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, offenders, and detainees? ☒ Yes ☐ No

#### 115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

This auditor reviewed the MDOC web page at <https://doc.mo.gov/programs/PREA/PREA-audits/2018> containing the audit reports for PREA audits completed. The auditors verified that MDOC since beginning in audit year 3 of cycle 1, has ensured that at least one-third of each facility type operated by the Agency was and/or is scheduled to be audited

This auditor was granted access to all areas of the facility and the ability to observe practices and procedures of staff and the offender population during the site visit. There was no hesitation in the receipt of requested documentation and copies requested by the auditors. The response from the PREA SITE Coordinator, OPS PREA Coordinator and Office Support Staff was superb. The auditors were provided separate private office space to both inmate and staff interviews in a private setting.

The auditors received two (2) correspondences from the offender population. Each of the offenders were interviewed.

## Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued). ☒ Yes ☐ No ☐ NA

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

The MDOC website <http://www.doc.mo.gov/OD/PREA.php> confirms that the agency ensures that all previous PREA Final Reports from the correctional facilities within its jurisdiction are published on the Agency's website within 90 days after the final report is issued by the auditor. MDOC meets the requirement of this standard.

## AUDITOR CERTIFICATION

I certify that:

- ☒ The contents of this report are accurate to the best of my knowledge.
- ☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- ☒ I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Darren L. Bryant

**Auditor Signature**

July 26, 2019

**Date**

# Prison Rape Elimination Act (PREA) Audit Report Adult Prisons & Jails

☐ Interim ☒ Final

Date of Report June 26, 2019

## Auditor Information

Name: Debra D. Dawson Email: dddawsonprofessionalaudits@gmail.com

Company Name: 3D PREA Auditing & Consulting, LLC

Mailing Address: P.O. Box 5825 City, State, Zip: Greenwood, FL 32443

Telephone: 850-209-4878 Date of Facility Visit: May 13-15, 2019

## Agency Information

Name of Agency: Governing Authority or Parent Agency (If Applicable):

Missouri Department of Corrections State of Missouri

Physical Address: 2729 Plaza Drive City, State, Zip: Jefferson City, Missouri 65109

Mailing Address: P.O. Box 263 City, State, Zip: Jefferson City, Mo.65102

Telephone: 573 751-2389 Is Agency accredited by any organization? ☐ Yes ☒ No

The Agency Is: ☐ Military ☐ Private for Profit ☐ Private not for Profit

☐ Municipal ☐ County ☒ State ☐ Federal

Agency mission: Improving Lives for Safer Communities.

Agency Website with PREA Information: <http://doc.mo.gov/programs/PREA>

## Agency Chief Executive Officer

Name: Anne L. Precythe Title: Director

Email: Anne.Precythe@doc.mo.gov Telephone: 573 751-2389

### Agency-Wide PREA Coordinator

Name: Vevia Sturm	Title: Missouri Office of Professional Standard (OPS) PREA Coordinator
Email: Vevia.Sturm@doc.mo.gov	Telephone: 573 5751-2389

PREA Coordinator Reports to:	Number of Compliance Coordinators who report to the PREA Coordinator. 0
Matt Briesacher Office of Professional Standards	

### Facility Information

Name of Facility: South Central Correctional Center

Physical Address: 255 W HWY 32, Licking, MO. 65542

Mailing Address (if different than above):

Telephone Number: 573-674-4470

The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	

Facility Mission: Improving Lives for Safer Communities.

Facility Website with PREA Information: <http://doc.mo.gov/programs/PREA>

### Warden/Superintendent

Name: Michelle Buckner	Title: Warden
Email: michelle.buckner@doc.mo.gov	Telephone: 573-674-4470

### Facility PREA Compliance Coordinator

Name: Conrad Sutton	Title: Deputy Warden Operations
Email: Conrad.sutton@doc.mo.gov	Telephone: 573-674-4470

### Facility Health Service Administrator

Name: Renee Todaro	Title: Health Service Administrator
Email: Renee.todaro@doc.mo.gov	Telephone: 573-674-4470

### Facility Characteristics

Designated Facility Capacity: 1692		Current Population of Facility: 1509	
Number of inmates admitted to facility during the past 12 months			661
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			665
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			661
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:			315
Age Range of	Youthful Inmates Under 18: N/A	Adults: 18-81	
Population:			
Are youthful inmates housed separately from the adult population?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input checked="" type="checkbox"/> NA	
Number of youthful inmates housed at this facility during the past 12 months:			N/A
Average length of stay or time under supervision:			23 yrs and 3 months
Facility security level/inmate custody levels:			C-1 through C-5
Number of staff currently employed by the facility who may have contact with inmates:			416
Number of staff hired by the facility during the past 12 months who may have contact with inmates:			88
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:			115

### Physical Plant

Number of Buildings: 11 original construction, 2 doublewide trailers, 2 single wide trailers and 9 sheds		Number of Single Cell Housing Units: 2	
Number of Multiple Occupancy Cell Housing Units:		20	
Number of Open Bay/Dorm Housing Units:		2	
Number of Segregation Cells (Administrative and Disciplinary):		348	

Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):

SCCC currently has 414 regular cameras and 28 PREA cameras. The cameras are placed strategically throughout the institution to ensure the safety and security of both offenders and staff

### Medical

Type of Medical Facility:	24 hr. nursing facility with on-site physician M-F and on-call physician availability 24 hrs. a day. 10 bed infirmary.
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Forensic sexual assault medical exams are conducted at:	Forensic examinations are conducted on site and/or at local medical facility
Other	
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:	115 Contractors/ 54 Volunteers
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	9

## Audit Findings

### Audit Narrative

The Prison Rape Elimination Act (PREA) Recertification Audit for the South Central Correctional Center (SCCC), Missouri Department of Corrections (MDOC) was conducted on May 13-15, 2019. The PREA audit was coordinated through the MDOC Office of Professional Standard and 3D PREA Auditing & Consulting, LLC. Department of Justice Certified PREA Auditors Debra Dawson and Joy Bell were assigned to conduct the audit. Ms. Dawson served as the Lead Auditor.

An open line of communication was developed between the Lead Auditor, OPS PREA Coordinator Vevia Sturm and SCCC Deputy Warden of Operations/PREA Site Coordinator Conrad Sutton. Communication was maintained via phone, and email regarding the Pre-Audit Questionnaire (PAQ), posting of audit notice and audit logistics.

A flash drive was forward to the Lead Auditor by the PREA Site Coordinator, Mr. Sutton. The flash drive contained the Pre-Audit Questionnaire (PAQ) and supporting documentation within designated folders for each of the 43 standards. The documentation included agency policies, procedures, forms, posters, pamphlets, brochures, handbooks, educational materials, training curriculums, staff and offender acknowledgement of PREA training, organizational charts, offender risk assessments, investigative files and results to demonstrate compliance with each PREA standards. A physical plant schematic for a pre tour scheduling itinerary was provided. The lead auditor received additional documentation during the pre-audit, site visit and post audit phrases. All requested documentation was submitted timely.

The entrance meeting was held on May 13, 2019 at 8:15 a.m. with Warden Michelle Buckner, Deputy Warden of Operations/PREA Site Coordinator Conrad Sutton, Assistant Warden Wendall Calhoun, Office Support Assistant Floressa Brown, OPS PREA Coordinator Vevia Sturm, and the assigned PREA auditors. All areas of the facility was visited during the tour to include the administration area, main lobby, offender housing units, segregated housing, intake, medical unit, recreation, programming areas, food service, commissary, visiting room, control room, officers' duty stations, laundry, and supply warehouses, etc. Continued PREA educational material to include posters, third-party reporting, and flyers was posted throughout the facility to include the offender visiting room. The notification of the PREA audit site visit was confirmed during the pre-audit process as being posted on March 20, 2019. Auditors observed the notice throughout all departments and offender housing units with viewing accessibility to all offenders and staff.

Two hundred ninety security staff are assigned to the various three shifts. The are 126 non-security staff, 30 medical staff and 6 mental health staff. Forty-seven formal staff interviews were conducted that

included 21 random interviews and 26 specialized staff. Security staff was interviewed from all three shifts which included Major, Captains, Lieutenants, Sergeants and Correctional Officers. Specialized staff interviewed included: (1) Director of Adult Correctional Institutions; (1) Warden; (1) Deputy Warden/PREA Site Coordinator; (1) OPS PREA Coordinator; (1) Agency Contract Administrator; (3) Intermediate or Higher-level facility staff; (1) Human Services Supervisor; (1) Contract SANE Nurse; (1) Volunteer; (2) Investigative Staff; (1) Contract Chief of Mental Health; (1) Contract Health Services Administrator; (1) Facility Victim Advocate; (3) Staff who perform screening for risk of victimization and abusiveness/Intake; (3) Staff who supervise offenders in segregated housing; (1) Staff on the Incident Review Team; (2) Designated staff member charged with monitoring retaliation; (1) Security staff who acted as a first responder.

There were 1,509 offenders assigned at SCCC on the first day of the site visit. Twenty offenders were selected for informal interviews. Fifty-five offenders were selected for formal interviews. Forty offenders were selected for random interviews. Fifteen offenders were selected from the following targeted groups: (2) offenders who had physical or mental disabilities, (3) identified as transgender, (1) identified as gay or bisexual and (6) offenders who reported prior sexual victimization, and (3) Offenders who reported sexual abuse. There were zero youthful offenders and zero offenders placed in segregated housing (for risk of sexual victimization/who alleged to have suffered sexual abuse) designated at SCCC during the site visit. The auditors utilized housing unit rosters to select offenders for random interviews. The offenders interviewed stated they felt generally safe and expressed a good understanding of received PREA education to include methods of reporting.

The auditors carefully examined a sampling of personnel files, new hires, promotional staff, background checks, staff, volunteers, and contractor workers PREA training documentation that were provided per request. No individual is allowed entrance into the facility to work or volunteer until a thorough background check is completed.

A sampling of offender institutional files was selected and observed documentation indicated by their signature receipt of PREA education. Documentation was also reviewed for 83 initial risk screenings and reassessments.

Sixty PREA allegations were reported during the past 12 months of the PREA audit and the auditors reviewed 22 of these files. All appeared to document the investigation process per agency policy. The case files included, all interviews, photos, recording video footage, first responder details, outcome notification, retaliation monitoring (when required) and incident reviews.

At the conclusion of the on-site visit on May 16, 2019, an exit meeting was held to discuss the audit findings with the Warden Michele Buckner, Deputy Warden of Operations (DWO)/PREA Site Coordinator Conrad Sutton; Office Support Assistant (DWO) Floressa Brown, Assistant Warden Wendall Calhoun, MDOC PREA Coordinator, DOJ Certified PREA Auditors Debra Dawson and Joy Bell. A corrective measure of installing shower curtains that would enable transgender offenders to shower, without nonmedical staff of the opposite gender viewing their breasts except in exigent circumstances or when such viewing is incidental to routine cell checks in addition to not being viewed by the male offender population was developed, (115.15 (d)). It was determined shower curtains would be installed in one handicap shower in each wing of housing units, 3, 4, 5 and 6, for a total of 16 due to four wings at each housing unit. Shower curtains were installed in 16 of the individual housing unit handicap showers. The installation of the shower curtains was completed on June 18, 2019. Photographs of the installed shower curtains at each of the handicap showers served as confirmation

## Facility Characteristics

SCCC is a 1720 bed, maximum security, all-male facility located in Texas County, Missouri. SCCC finished construction and received its first offenders in June 2000.

Housing Unit One is a 90-bed administrative segregation unit, with 30 single-occupancy cells on the bottom walks and 30 double-occupancy cells on the upper walks. The single cells are reserved for offenders who demonstrate a propensity to harming themselves, harming others, or both. There are 7 single-occupancy cells with security cameras inside, to more progressively monitor the highest risk offenders, in conjunction with regular security checks.

Housing Unit Two is a 216 bed administrative segregation unit with 144 double-occupancy cells. The actual capacity count is 286, as cell 2C-137 is utilized as a nurse sick-call room. In addition, D wing of Housing Unit two is a 72 bed protective custody wing, with offenders on long-term protective custody being afforded separate meal times, recreation and other activities, apart from the general population.

Housing Unit Three is a 288 bed privilege unit, with offenders being required to meet strict criteria in order to qualify. Some of the privileges afforded Housing Unit Three offenders are microwave ovens in each wing, access to their own washers and dryers, and additional food visits each month. The Housing Unit has four individual wings identified as Housing Unit A, B, C, and D.

Housing Unit Four is a 288 bed unit and is divided into four wings as Housing Unit A, B, C, and D. Three of the wings are utilized as program-specific locations. The fourth wing is a Transitional Housing Unit (THU) wing, comprised of offenders nearing release from incarceration, and other offenders who assist them in writing resumes, filling out job applications, financial responsibility and management, and job interview techniques. B wing is the Intensive Therapeutic Community (ITC) wing. They are a behavior modification and drug addiction treatment wing which consists solely of volunteers. Additionally, the offenders who graduate from the ITC program move to the THU wing to facilitate the programs for offenders with impending releases. C wing is essentially a general population wing, and D wing is a Enhanced Care Unit (ECU), with elderly or infirm offenders on the bottom walks (18 cells). The beds in these 18 cells were modified to both rest on the floor of each side of the cell, to facilitate movement for the ECU offenders. Daily Living Assistants (DLA) live in the upper walk (18 cells) of D wing, and are trained in helping the ECU offenders with institutional movements to food service, recreation, medical, etc. DLA offenders also help with the cleaning of the ECU offenders' cells and ensuring their overall wellbeing is looked after.

Housing Unit Five, a 288-bed unit, is the standard, general population housing for the offenders at SCCC. Offenders housed here have full access to programs, recreation, medical, education and other functions within the institution. The housing unit is divided into four housing units A, B, C, and D.

Housing Unit Six is a standard, 216 bed, general population housing unit with the exception of B wing. B wing is intermediate-phase housing for offenders who have difficulty transitioning directly from administrative segregation to general population. The offenders in the 72-bed wing are scheduled for a 90-day review period, with access to limited programming and privileges normally associated with general population. Upon successful completion of this review period, they are released to general population.

Housing Unit Seven is physically located outside the security envelope of the prison property but is itself within a security fence. This housing unit is almost exclusively utilized for work release,

with its offenders classified as minimum-security level. This unit has a 'cubical' type bunk system, with 4 offenders per cubical, and a total of 24 cubical in each of the individual wings A and B. This gives the housing unit a total capacity of 96 offenders.

SCCC has a fully staffed medical unit, fully staffed education department, and offers many job and program opportunities for offenders who wish to transition to a productive lifestyle in preparation for their return to society. SCCC also offers a trade with Missouri Vocational Enterprises (MVE) in furniture restoration, as well as jobs available for plumber's assistants through our maintenance department. The Restorative Justice Organization (RJO) provides the offenders an excellent opportunity to give back to communities by creating quilts, murals, sleeping mats for homeless shelters and many other crafts which are gifted to non-profit agencies such as the Veterans' Home in Nixa, Missouri. The offenders also take a tremendous amount of pride in growing produce each year, providing tons of vegetables to food pantries in the surrounding areas.

## Summary of Audit Findings

**Number of Standards Exceeded:** 1

115.16: Inmates with disabilities and inmates who are limited English proficient;

**Number of Standards Met:** 42

115.11: Zero Tolerance of sexual abuse and sexual harassment: PRE Coordinator; 115.12: Contracting with other entities for the confinement of inmates; 115.13: Supervision and monitoring; 115.14: Youthful inmates ; 115.15: Limits to cross-gender viewing and searches; 115.17: Hiring and promotions decisions; 115.18: Upgrades to facilities and technologies; 115.21 Evidence protocol and forensic medical examinations; 115.22: Policies to ensure referrals of allegations for investigations; 115.32 Volunteer and contractor training; 115.33 Inmate Education; 115.34: Specialized training :Investigations; 115.35 Specialized training: Medical and mental health care; 115.41 Screening for risk of victimization and abusiveness; 115.42: Use of screening information; 115.43: Protective Custody; 115.51: Inmate reporting ; 115.52 Exhaustion of administrative remedies;.115.53: Inmate access to outside confidential support services; 115.54 Third-party reporting; 115.61 Staff and agency reporting duties; 115.65: Agency protection duties; 115.63: Reporting to other confinement facilities; 115.64: Staff first responder duties; 115.65 Coordinated response; 115.66: Preservation of ability to protect inmates from contract with abusers; 115.67: Agency protection against retaliation; 115.68: Post-allegation protective custody; 115.71: Criminal and administrative agency investigations; 115.72: Evidentiary standard for administrative investigations; 115.73: Reporting to inmates; 115.76: Disciplinary sanctions for staff; 115.77: Corrective action for contractors and volunteers; 115.78: Disciplinary sanctions for inmates; 115. 81 Medical and mental health screenings: history of sexual abuse: 115.82: Access to emergency medical and mental health services; 115.83: Ongoing medical and mental health care for sexual abuse victims and abuser; 115.86 Sexual abuse incident reviews ; 115.87 Data collection; 115.88 Data review for corrective action;.115.89 Data storage, publication, and destruction.

**Number of Standards Not Met:** 0

## Summary of Corrective Action (if any)

## PREVENTION PLANNING

### Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

#### 115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? ☒ Yes ☐ No

#### 115.11 (b)

- Has the agency employed or designated an agency wide PREA Coordinator? ☒ Yes ☐ No
- Is the PREA Coordinator position in the upper level of the agency hierarchy? ☒ Yes ☐ No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities? ☒ Yes. ☐ No

#### 115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance Coordinator? (N/A if agency operates only one facility.) ☒ Yes ☐ No. ☐ NA
- Does the PREA compliance Coordinator have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.) ☒ Yes ☐ No. ☐ NA

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of Missouri Department of Corrections Department Procedural Manual, D1-8.13 Offender Sexual Abuse and Harassment (MDOC Policy D1-8.13); Offender Handbook; Director's Office and Facility Organization Charts and duties of the MDOC PREA Coordinator and PREA Site Coordinator it was determined SCCC meets the mandate of this standard. MDOC and SCCC have written policies and procedures in place to support the agency's mission and goal of maintaining a zero tolerance of sexual abuse and sexual harassment. The policies provide an outline of required practice in the agency's approach to preventing, detecting, and responding to allegations of sexual harassment or sexual abuse. The policy includes definitions of prohibited behaviors regarding sexual assault and sexual harassment of offenders with sanctions for those found to have participated in these prohibited behaviors. Policies identify the agency's strategies and responsibilities to detect, reduce and prevent sexual abuse and sexual harassment of offenders.

The OPS PREA Coordinator is a position assigned by the OPS Director to coordinate the agency's statewide compliance with PREA. In an interview with the OPS PREA Coordinator, she confirmed that her time is exclusively devoted to ensuring compliance with all PREA standards and ensure the prevention of sexual abuse and sexual harassment. The Deputy Warden is assigned as the PREA Site Coordinator and is responsible for ensuring PREA standards are maintained at the facility. An interview with the PREA Site Coordinator confirmed he has sufficient time to fulfill his responsibilities as the PREA Site Coordinator. Effective communication between the OPS PREA Coordinator and the PREA Site Coordinator is routinely maintained through phone calls, memorandums, emails, training, and meetings to discuss policy updates, new initiatives and any issues of concerns.

## **Standard 115.12: Contracting with other entities for the confinement of inmates**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.12 (a)**

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) ☒ Yes ☐ No ☐ NA

#### **115.12 (b)**

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates OR the response to 115.12(a)-1 is "NO".) ☒ Yes ☐ No ☐ NA

### **Auditor Overall Compliance Determination**



- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of MDOC Policy D1-8.13 Offender Sexual Abuse and Sexual Harassment; contracts with community confinement facilities under the authority of the Division of Probation and Parole and interviews with the OPS PREA Coordinator and Warden, SCCC meets the mandate of this standard. The contracts require that the contractors adopt and comply with PREA standards and compliance is monitored by the agency. However, SCCC does not contract with other entities for the confinement of its offenders.

### **Standard 115.13: Supervision and monitoring**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.13 (a)**

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No



- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No ☐ NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

#### 115.13 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)  
☐ Yes ☐ No ☒ NA

#### 115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? ☒ Yes ☐ No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? ☒ Yes ☐ No

### 115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? ☒ Yes ☐ No
- Is this policy and practice implemented for night shifts as well as day shifts? ☒ Yes ☐ No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of MDOC.D1-8.13, PREA Yearly Staffing Report; Annual PREA Report; Unannounced Rounds Tracking Logs; IS20.-1.1 Post Orders, Housing Unit Officers Post Orders, SCCC meets the mandate of this standard. SCCC has established a staffing plan which provides for adequate levels of staffing and where applicable, use direct monitoring to protect offenders against sexual abuse. A review of the staffing plan dated March 6, 2019 was provided to the auditors. The staffing plan addresses the items listed in section 115.13a. The facility's video monitoring is supported by 442 cameras positioned throughout the facility. Review of video monitoring confirmed the offenders' privacy during showering, use of toilet, change of clothes and performance of bodily functions was not observed by staff during video monitoring. The facility is designated as an adult male facility. Both female and male staffs are assigned to each shift. The Warden confirmed staff schedules are adjusted and/or overtime is always paid in lieu of vacating a required post. There were no deviations noted to have occurred. However, any deviations from the staffing plan would be documented and the reasons for the deviation would be documented.

The unannounced PREA rounds logs are documented on a tracking log noting all areas of the facility. Interviews with intermediate-level or higher-level supervisors that included Captains, Lieutenants, Major, Functional Unit Managers, Warden, Deputy Warden and Assistant Warden indicated they are aware of their responsibility to conduct unannounced PREA rounds. Supervisory staff stated rounds are conducted out of sequence to prevent a pattern. A review of the tracking log and logbooks confirms unannounced rounds are not completed in a pattern and are conducted by a variation of supervisory staff. Rounds conducted in this manner prevent staff from advising others that supervisory unannounced rounds are being conducted. Post orders include a general order prohibiting staff members from alerting each other that unannounced supervisor rounds are occurring, unless such announcement is related to legitimate operational functions of the facility. Supervisory staff stated they were unaware of any circumstances where a staff member have alerted others of unannounced rounds being conducted.

## Standard 115.14: Youthful inmates

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

#### 115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

#### 115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- Do youthful inmates have Access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of MDOC Policy D1-8.13, Missouri Department of Corrections Institutional Services Procedural Manual, IS5-3.1 Offender Housing Assignments (MDOC Policy IS5-3.1); Missouri Department of Corrections Institutional Services Procedural Manual, IS5-1.1 Diagnostic Center Reception and Orientation (MDOC Policy IS5-1.1) MDOC Statutes, Chapter 217, Section 217.345, and Interviews with Warden and PREA Site Coordinator, the agency meets the mandate of this standard. SCCC does not house youthful offenders.

## Standard 115.15: Limits to cross-gender viewing and searches

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.15 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners? ☒ Yes ☐ No.

#### 115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20, 2017.) ☒ Yes ☐ No ☐ NA
- Does the facility always refrain from restricting female inmates' Access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 inmates before August 20, 2017.) ☒ Yes ☐ No ☐ NA

#### 115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes ☐ No
- Does the facility document all cross-gender pat-down searches of female inmates? ☒ Yes ☐ No

#### 115.15 (d)

- Does the facility implement a policy and practice that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? ☒ Yes ☐ No

#### 115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? ☒ Yes ☐ No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? ☒ Yes ☐ No

#### 115.15 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of MDOC Policy D1-8.13; Missouri Department of Corrections Institutional Services Procedural Manual, IS6-1.3 Offender Personal Appearance and Grooming (MDOC Policy IS6-1.3); Missouri Department of Corrections Institutional Services Procedural Manual, IS20-1.3 Searches (MDOC Policy IS20-1.3); Missouri Department of Corrections Institutional Services Procedural Manual, IS11-34.1 Health Assessment and/or Physical Examination at Reception (MDOC Policy IS11-34.1); Officer Post Orders and MDOC Lesson Plan on Institutional Searches; Staff training logs, it was determined SCCC meets the mandate of this standard. SCCC is an adult male facility and does not house female offenders. However, the agency has policy that prohibit cross gender pat searches on female offenders, cross gender visual body cavity searches and strip searches.

Individual shower stalls and toilets within the common area of the housing units are equipped with a  $\frac{3}{4}$  door that allows privacy for offenders to shower without nonmedical staff of the opposite gender viewing their buttocks, or genitals except in exigent circumstances or when such viewing is incidental to routine security checks. Housing Units 1 and 6 has toilets within the offenders' cells.

A common area restroom is located in the open day/dorm of housing unit 7. The modification of the restroom area provides privacy for change of clothing, showers, use of bodily functions without being

seen by nonmedical staff of the opposite gender viewing except in exigent circumstances or when such viewing is incidental to routine security checks.

The auditors identified although the offenders' showers were within individual stalls with a  $\frac{3}{4}$  door in housing units, 3, 4, 5 and 6, these doors did not allow privacy of the breast area for offenders identified as transgender. Therefore, this discrepancy was a factor in the facility not meeting the mandate of this standard. This matter was brought to the attention of the Warden, PREA Site Coordinator and OPS PREA Coordinator. A corrective measure plan was developed that included the installations of shower curtains at each the handicap showers on the first walk of each housing unit. Due to the width of the handicap showers, two shower curtains were needed to provide proper coverage. The shower curtains were purchased, and installation was completed on June 18, 2019, prior to the submission of the PREA report. Photographs identifying each housing unit and the and appropriated shower curtains installed served as confirmation of compliance with this standard 115.15 (d). Each of these housing units has 4 wings for total of 16. Shower curtains were installed at each.

One offender identified as transgender had requested and was granted authorization to shower separate from the remaining general population offenders. There were zero offenders at SCCC identified as intersex.

An announcement is made over the intercom when female staff are assigned for duty and other entry of the housing units. The announcement is entered in the Chronological Log noting the date, time staff person entering the area and exiting the area. A sign is posted of female staff in the housing unit for offenders who are hard of hearing or was not in the housing unit at the time of the opposite gender entry. Observation of this procedure and a review of the chronological log were conducted by the auditors.

Policy prohibits staff from physically examining transgender or intersex offenders for the sole purpose of determining the offender's genital status. The determination of transgender and/or intersex offenders genital status may be obtained during conversations with the offender, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner. Interviewed staff were given a variety of circumstances in which staff may elect to conduct a visual search of an offender identified as transgender and/or intersex for the sole purpose of determining the offender's genital status. All staff interviewed immediately stated such actions were prohibited and they would report any known behavior and/or attempted behavior of a co-worker regardless of the staff member's rank.

Procedures for conducting cross-gender searches, transgender, intersex, or gender unknown searches are outlined in the Division Institutional Searches Lesson Plan. An interview with training staff personnel confirmed hands-on training for cross-gender searches began in 2014 for all employees. The curriculum was also added at the Training Academy for all new hires at this time. All staff interviewed acknowledged receipt of training and a review of their documented signature confirmed receipt of training. Staff provided the auditors with verbal instructions on conducting cross-gender searches. Staff confirmed all searches of transgender or intersex offenders, must be conducted in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. The three (3) offenders identified as transgender confirmed searches conducted by staff was appropriately performed.

## **Standard 115.16: Inmates with disabilities and inmates who are limited English proficient**

## All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? ☒ Yes ☐ No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? ☒ Yes ☐ No
- Do such steps include, when necessary, providing Access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? ☒ Yes ☐ No



- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? ☒ Yes ☐ No

#### 115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? ☒ Yes ☐ No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No.

#### 115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first response duties under §115.64, or the investigation of the inmate's allegations? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of MDOC Policy D1-8.13 Offender Sexual Abuse and Harassment; MDOC Lesson Plan for Special Needs Provided to Staff; List of Available Bi-lingual Staff; SCCC Coordinated Response Plan; PREA Pamphlets and Posters; PREA Sexual Abuse Brochures in multiple languages, D5-5.1 Deaf and Hard of Hearing Offenders; Contracts with outside Translation Service Contracts that include communication services for sign language, verbal language and a written language translations. SCCC exceeds the mandate of this standard by offering a large variety of available resources for offenders with disabilities. SCCC takes steps and has policies and procedures that ensure offenders with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. MDCO Policy D1-8.13 Offender Sexual Abuse and Harassment dictates PREA education shall be provided to the offender in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired, or otherwise disable, as well as to offenders, who have limited reading skills in accordance with the department's procedures regarding deaf and hard of hearing offenders,

disabled offenders, and blind and visually impaired offenders. Offenders who have limited English proficiency shall be provided a copy of the video transcript and the PREA offender brochure in their native language. PREA Videos are also available with closed captioning. SCCC have available resources to provide offenders with materials in a variety of languages to include English, Spanish, Chinese (Traditional), Japanese, Large Print-Blind-Braille, Russian, Serb Croatian, and Vietnamese. PREA posters and educational materials are provided in English and Spanish. Offenders who are deaf are provided PREA information thru written form, i.e. PREA guidelines, Education Brochures and Videos. Offenders who are blind are provided an audio version in either English or Spanish. The MDOC Lesson Plan for Special Needs completed by staff during basic institutional training goal is that students will be able to compare and contrast individuals with mild or moderate intellectual disabilities, learning disabilities, and emotional problems. Also, that staff will assess the potential problems from these impairments, predict how staff might be affected and learn techniques that facilitate learning and effective communication.

Formal and informal interviews with staff confirmed offenders are not used as interpreters, offender readers, or other types of offender assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise an offender's safety, the performance of first responder duties, or the investigation of an offender's PREA allegations.

There were zero circumstances noted where an offender was utilized to serve as an interpreter and/or offender reader. Interviews with two offenders identified with a physical or mental disability, confirmed staff provided PREA educational material they were able to understand. The facility maintains a list of staff who speaks languages other than English. There were zero offenders identified as LEP at the facility during the site visit.

## **Standard 115.17: Hiring and promotion decisions**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.17 (a)**

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

#### 115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates? ☒ Yes ☐ No

#### 115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency: perform a criminal background records check? ☒ Yes ☐ No
- Before hiring new employees, who may have contact with inmates, does the agency: consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? ☒ Yes ☐ No

#### 115.17 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates? ☒ Yes ☐ No

#### 115.17 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees? ☒ Yes ☐ No

#### 115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? ☒ Yes ☐ No
- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? ☒ Yes ☐ No

- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No

#### 115.17 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? ☒ Yes ☐ No

#### 115.17 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) ☒ Yes ☐ No ☐ NA

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with MDOC Policy D1-8.13 Offender Sexual Abuse and Harassment; Applications for Employment For New Hires and Promotions; Email for the Missouri Department of Corrections Division of Human Services, Office of Personnel; Pre-Employment PREA Checks; Background Investigations; Promotional Appointment D2-5.1 Maintenance of Employee Records;.D2-2.10.Re-Employment Appointment D2-2.8.Promotional Appointment; D2-2.2 Background Investigations; D2-11.14.Annual Employment Requirements; Staff Yearly Background Checks, Missouri PREA Hiring Checklist; Background Checklist for Contractors; Employee Handbook; Application for Employment forms, Interviews with Human Resource Manager, and Warden, SCCC meets the mandate of this standard.

The Human Resource Manager was interviewed in regard to a response to this standard. Before hiring new employees the human resources staff members or designee perform a criminal background records check and contact all prior institutional employers, when possible, for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse in accordance with the depart procedure regarding background investigation. Prior to approval of a promotional appointment, regardless of the salary range, a check is conducted of the employee's official personnel file through central office human resources. The check is performed to ensure the employee has received no formal discipline for sustained allegations of sexual abuse and/or harassment or any information indicating any pending or adjudicated criminal charges. All sustained

allegations are considered by the department before an employee is promoted. Background checks are conducted annually during the staff member's birth month. During the initial background investigation process of new hires, the applicant's fingerprints are mailed to the Highway Patrol as a process for hiring and continued service A check is also conducted on the staff's member driver license annually. The background checks are conducted through the Missouri State Highway Patrol utilizing the Missouri Uniform Law Enforcement System (MULES) and the National Crime Information Center System (NCICS). The Application for Employment require applicants to report all work history in prison, jail, lockup, community treatment centers, halfway house, restitution center, mental facility, alcohol or drug rehabilitation center, juvenile facility or other correctional facility (public or private). The applicant must also report if they were terminated or otherwise disciplined or counseled for sexual contract with or sexual harassment on an inmate, detainee, or resident of a correctional facility. Applicants must certify the information provided is correct to the best of their knowledge and understand that falsification of the information is grounds for disqualification from the selection process or dismissal from employment. All employees and contractors are required to report any subsequent arrest to their immediate supervisor before reporting for duty. Corizon conduct all background checks for medical and mental health staff assigned at MDOC facilities. Once contract staff is cleared, the Human Resource Manager receives a memorandum stating they have been cleared.

Verification of employment verbal requests shall be referred to the automated TALX program. Written requests shall be submitted to the central office human resources office and should be responded to in writing within 5 working days.

## **Standard 115.18: Upgrades to facilities and technologies**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.18 (a)**

- If the agency designed or acquired any new facility or planned any Substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a Substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.) ☒ Yes ☐ No ☐ NA

#### **115.18 (b)**

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.) ☒ Yes ☐ No ☐ NA

### **Auditor Overall Compliance Determination**

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of Missouri Department of Corrections Department Procedural Manual, D4-4.8 Security Camera Operation (MDOC Policy D4-4.8), and interviews with PREA Site Coordinator, Warden and OPS PREA Coordinator, SCCC meets the mandate of this standard. SCCC added cameras to the open-bay housing unit #7. Modifications was made in the housing unit that extended the height of existing walls that included surrounding the restroom area. The additional cameras and modification were made to meet PREA standard 115.15 (d) that ensures the offenders are given the opportunity to perform bodily functions, dress, have use of the toilet, and shower without being observed by opposite staff.

## RESPONSIVE PLANNING

### Standard 115.21: Evidence protocol and forensic medical examinations

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### 115.21 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  
☒ Yes ☐ No ☐ NA

#### 115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

#### 115.21 (c)

- Does the agency offer all victims of sexual abuse Access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? ☒ Yes ☐ No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ☒ Yes ☐ No
- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

#### 115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? ☒ Yes ☐ No
- Has the agency documented its efforts to secure services from rape crisis centers? ☒ Yes ☐ No

#### 115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? ☒ Yes ☐ No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes ☐ No

#### 115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) ☐ Yes ☐ No ☒ NA

#### 115.21 (g)

- Auditor is not required to audit this provision.



### 115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? [N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.] ☒ Yes ☐ No ☐ NA

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of MDOC Policy D1-8.13, Missouri Department of Corrections Department Procedural Manual, D1-8.1 Office of Professional Standards (MDOC Policy D1-8.1); Missouri Department of Corrections Department Procedural Manual, D1-8.4 Institutional Investigations (MDOC Policy D1-8.4); Missouri Department of Corrections Department Procedural Manual, D1-8.8 Evidence Collection accountability and Disposal (MDOC Policy D1-8.8), SCCC meets the mandate of this standard. The MDOC OPS PREA Unit is responsible for conducting all criminal and administrative investigations of sexual abuse that includes offender on offender and staff on offender.

The Office of Professional Standards PREA Unit conducts all criminal investigations and administrative investigations involving sexual abuse. This is a department within the MDOC. All allegations involving staff and that appear to be criminal are forwarded to local law enforcement. If local law enforcement does not accept the case, the OPS PREA Unit will investigate the allegation and forward to the prosecuting attorney when applicable. The Directives for Offender Sexual Abuse and Harassment outline evidence protocols for administrative investigations and criminal prosecutions. A copy of correspondence from the PREA Coordinator to the local law enforcement Sheriff Office was provided for review by the auditors. The correspondence noted that the MDOC in accordance with Prison Rape Elimination Act, request investigative agencies that conduct PREA investigations within MDOC facilities adhere to PREA Standard 115.21 Evidence protocol and forensic medical examinations as required by the PREA standards

The auditor interviewed one OPS PREA Investigator and he confirmed all administrative and criminal investigation throughout MDOC must adhere to the investigative and evidence protocols based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents, or similarly comprehensive and authoritative protocols developed after 2011.

Medical and behavioral health care including certified Sexual Assault Nurse Examiners (SANE) are provided on-site through a contract with Corizon Health. Forensic exams are conducted on-site by a SANE nurse for an offender-on-offender sexual assault. Sexual abuse forensic examinations involving

staff on offender are conducted at a local hospital where these services can be provided. The forensic exams are provided at no cost to the victim.

The agency and facility have attempted to obtain an agreement for a community victim advocate from a rape crisis center. The effort to obtain an agreement was documented by the OPS PREA Coordinator. However, an agreement has not been established. The facility is required to have at least one qualified staff member that has been trained as an advocate. An interview was conducted with the facility's Chaplain in regard to his assignment as the Victim Advocate. He completed advocacy/victim services training on-line titled "Advocacy with Survivors of Sexual Victimization for DOC." Documentation of the completed training was provided. He is immediately notified of the circumstances surrounding the incident of sexual abuse both verbally via email. Upon verbal notification from the Shift Commander, he reports to the facility to accompany and support the victim through the forensic medical examination process and investigatory interviews and provide emotional support, crisis intervention, information and referrals as requested by the victim. He continues to communicate with the alleged victim days later, even if the offender refuses his service during the initial victim advocate visit. He stated sometimes victims will change their mind after a few days. He documents whether the offender refused the offender victim representative or accepted the representative with the representative's name provided. Documentation of meetings with alleged victims completed by the Chaplain was provided to the auditors for review.

## **Standard 115.22: Policies to ensure referrals of allegations for investigations**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.22 (a)**

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? ☒ Yes ☐ No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? ☒ Yes ☐ No

#### **115.22 (b)**

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? ☒ Yes ☐ No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? ☒ Yes ☐ No
- Does the agency document all such referrals? ☒ Yes ☐ No

#### **115.22 (c)**

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).] ☐ Yes ☐ No. ☒ NA

#### 115.22 (d)

- Auditor is not required to audit this provision.

#### 115.22 (e)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.1 Investigation Unit Responsibilities and Actions D1-8. 4 Administrative Inquiries Excerpt D1-8.13 J. Investigations; Coordinated Response to Offender Sexual Abuse and Interviews with OPS Investigator, Facility Investigator, Review of Investigative Files and logs, SCCC meets the mandate of this standard. All allegations of offender sexual abuse and/or harassment, including third party and anonymous reports are immediately forwarded to the Shift Commander to initiate the coordinated response as outlined in the offender sexual abuse and harassment procedure. MDOC Directives requires an administrative and/or criminal investigation is completed for all allegations of sexual abuse/harassment. Within two business days of receipt of a sexual abuse/sexual harassment, the OPS PREA Unit determines if the allegations meet PREA definitions or if additional information is needed. During the past 12 months of the audit, there were 60 allegations of sexual abuse and sexual harassment that were received. Thirty-one allegations resulted in an administrative investigation and 29 were referred for criminal investigations by the OPS Investigators.

The facility's investigator is responsible for conducting administrative investigations pertaining to non-criminal sexual harassment. The OPS Investigators are responsible for conducting all sexual abuse investigations and any sexual harassment allegations that may be criminal. The OPS Investigator explained all allegations are required to be referred and investigated as part of the employee standards. Upon receiving an allegation of sexual abuse, he begins the investigation as soon as possible. When an OPS Investigator conducting the investigation believes there is probable cause that a criminal act has been committed in an offender related case, The Chief Administrative Officer (CAO), will determine whether law enforcement should be contacted to complete the investigation. If law enforcement declines to investigate the incident, the trained OPS Investigator will complete the investigation and processing of the incident. If the investigation determines that a criminal act has occurred, the CAO shall refer the incident to the appropriate prosecutor's office for consideration. All referrals for such allegations will be

documented in accordance with the coordinated response to offender sexual abuse located on the department's intranet website: <http://doc.mo.gov/programs/PREA>.

When outside agencies investigate sexual abuse, staff members will cooperate with outside investigators and will make an effort to remain informed about the progress of the investigation. A memorandum drafted by the OPS PREA Coordinator was forwarded to the various Sheriff Departments requesting the responsible parties follow PREA standards when conducting offender sexual abuse investigations. All Administrative and Criminal Investigations of Sexual Abuse or Sexual Harassment is entered into the COIN (Corrections Information Network) system within the MDOC. Administrative and criminal investigation reports will be retained for 90 years from the completion of the investigation and in accordance with the department procedure regarding records retention. Interviews with both the facility investigator and OPS Investigator confirmed this practice during the interview process.

## TRAINING AND EDUCATION

### Standard 115.31: Employee training

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

##### 115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? ☒ Yes ☐ No

#### 115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility? ☒ Yes ☐ No
- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? ☒ Yes ☐ No

#### 115.31 (c)

- Have all current employees who may have contact with inmates received such training? ☒ Yes ☐ No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? ☒ Yes ☐ No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? ☒ Yes ☐ No

#### 115.31 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with a review of D1-8.13, Offender Sexual Abuse and Harassment; MDOC Lesson Plan for Basic PREA Training; MDOC Lesson Plan PREA: MDOC PREA Refresher Training, and Signed PREA Training Acknowledgement forms, Interview with Training Staff, and Staff, SCCC meets the mandate of this standard. Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (B) (4), page 8, covers training requirements for new staff, current staff, part-time employees, volunteers, contract staff members and vendors. All staff members shall receive initial PREA training during the department's basic training. All staff members shall complete refresher training every two years to ensure knowledge of the agency's current sexual abuse and sexual harassment procedures. Years, in which an employee does not receive training, the department's PREA coordinator shall provide current information on sexual abuse and sexual harassment policies. Both the Basic Training and the Refresher Training curriculum contained the 10 elements required in this standard.

An interview with the facility designated training staff confirmed a PREA refresher training course covering Sexual Abuse Prevention and Response is required every two years during in-service training through the Department of Corrections On-Line Training Academy (DOCOTA). Upon successful completion of the on-line PREA refresher training, staff receives a certificate of achievement. Additionally, training is provided to staff routinely through emails, web-based, and staff meetings. Interviews with random and specialized staff each confirmed they were very aware of their responsibilities to protect victims, respond to allegations made and refer reports for investigation by the OPS PREA Unit. Staffs are provided with a pocket card identifying steps to follow during reported allegations pertaining to sexual abuse and sexual harassment by an offender and how to report these allegations. A review of staff training acknowledging their receipt of PREA training was provided for review to the auditing team through certificates of completion and computer-generated rosters. SCCC provides training tailored to the gender of the male offenders at the facility and includes training of conducting searches of transgender and intersex offenders. There were zero staff who transferred to SCCC (male facility) from a correctional facility that house only female offenders. However, policy does dedicate gender training on searches.

## **Standard 115.32: Volunteer and contractor training**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.32 (a)**

- Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? ☒ Yes ☐ No

#### **115.32 (b)**

- Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)? ☒ Yes ☐ No

#### **115.32 (c)**

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of MDOC Policies D1-8.13, D2-11.14 and D2-13.2; Offender Sexual Abuse and Harassment; Handout for Volunteers and Contractors; Volunteers in Corrections Training; Training Acknowledgment Forms signed by Contractors and Volunteers, MDOC Sexual Misconduct and Harassment Annual Guide for Staff, and Interviews with Volunteers and Contractors, SCCC meets the mandate of this standard. SCCC has 115 contractors and 54 volunteers. The PREA training provided to them includes the agency's policy and procedures regarding sexual abuse and sexual harassment prevention, detention, reporting, and response including zero tolerance. The level and type of training provided to the contractors and volunteers is based on the level of offender contact with them. However, all training provided during their orientation includes the agency's policy and procedures regarding sexual abuse and sexual harassment prevention, detention, reporting, and response including zero tolerance. Contractors and volunteers receive PREA training specific to their classification as determined by the appropriate Division Director and Chief of Staff Training. PREA training for both volunteers and contract staff is an annual requirement. An interview with a volunteer for religious services confirmed volunteers complete annual PREA training usually at a location within the community and document their signature on a PREA Annual Training Acknowledgement form. Contractors complete annual refresher PREA training on-line (DOCOTA) and with MDOC staff. Confirmation of both volunteers and contractors PREA training was reviewed by the auditors.

### Standard 115.33: Inmate education

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No

#### 115.33 (b)



- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? ☒ Yes ☐ No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? ☒ Yes ☐ No

#### 115.33 (c)

- Have all inmates received such education? ☒ Yes ☐ No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility? ☒ Yes ☐ No

#### 115.33 (d)

- Does the agency provide inmate education in formats Accessible to all inmates including those who are limited English proficient? ☒ Yes ☐ No
- Does the agency provide inmate education in formats Accessible to all inmates including those who are deaf? ☒ Yes ☐ No
- Does the agency provide inmate education in formats Accessible to all inmates including those who are visually impaired? ☒ Yes ☐ No
- Does the agency provide inmate education in formats Accessible to all inmates including those who are otherwise disabled? ☒ Yes ☐ No
- Does the agency provide inmate education in formats Accessible to all inmates including those who have limited reading skills? ☒ Yes ☐ No

#### 115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions? ☒ Yes ☐ No

#### 115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats? ☒ Yes ☐ No

## Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with a review of MDOC Policy D1-8.13; PREA Victim/Abuser Protocol; SCCC Offender Handbook; Interviews with Offenders; Offender Sexual Abuse Sexual Harassment Acknowledgement Forms, PREA Posters, Pamphlets, video "PREA, What You Need to Know," and interviews with 55 offenders, SCCC meets the mandate of this standard. SCCC ensures all incoming offenders receive PREA information on the day of arrival during the intake process. During intake screening, offenders are provided a PREA pamphlet and offender handbook which explains the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents and the information is also available on their tablets. The PREA training is documented for each offender and maintained in the offender's file. Offenders sign acknowledgement forms indicating they received and understand the information. PREA posters are posted in all housing and common areas and is accessible to the offender population which provides offenders with a continuously and readily availability of PREA education resources. Offenders interviewed referenced the PREA posters throughout the facility, Offenders' Handbook, PREA literature received and observance of the PREA video as receiving and understanding PREA education during interviews. A few offenders indicated they could not recall when they received PREA training but did acknowledge receiving an offender rulebook and observing PREA posters that are posted throughout the facility accessible to them.

## Standard 115.34: Specialized training: Investigations

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### 115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

### 115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

- Does this specialized training include proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

#### 115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

#### 115.34 (d)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of MDOC Policy D1-8.13; MDOC Lesson Plan– Special Investigator Training; Interview with OPS Investigator, and Training Acknowledgement for Investigators, SCCC meets the mandate of this standard. OPS Investigators are assigned to conduct sexual abuse allegations and/or sexual harassment within the MDOC. The nine assigned OPS Investigators have received specialized training for conducting sexual abuse/harassment investigations in confinement settings. The OPS Investigators complete a 40-hour course that includes PREA Specialist Investigative Training at the Central Office in Jefferson City, MO. This training includes techniques for interviewing sexual abuse victims, proper use of the Miranda and Garrity warnings, sexual abuse evidence collection in confinement setting, criteria and evidence to substantiate a case for administrative action or prosecution referral. Confirmation of investigators' completion of specialized training was confirmed through a computer-

generated roster identified as completed PREA Specialized Investigator Training. The OPS Investigator articulated the training completed during the interview process.

## **Standard 115.35: Specialized training: Medical and mental health care**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.35 (a)**

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? ☒ Yes ☐ No

#### **115.35 (b)**

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.) ☒ Yes ☐ No ☐ NA

#### **115.35 (c)**

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? ☒ Yes ☐ No

#### **115.35 (d)**

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? ☒ Yes ☐ No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? ☒ Yes ☐ No

## Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of MDOC Policy D1-8.13, PREA Specialized Training for Medical and Mental Health curriculum; SANE/SAFE training curriculum, SCCC meet the mandate of this standard. All staff who provide health care and/or mental health services, have participated in a specialized training titled PREA-Specialized Medical/Mental Health Professional Training. The course is a 2.0 hours credit course. Staff members received training on the following topics, to include trauma-informed care, detecting and assessing signs of sexual abuse and sexual harassment, preserving physical evidence, effective and professional response, reporting and the PREA standards and understanding sexual trauma in custody. The review of medical and mental health personnel training records by the auditors confirmed that these employees also receive the same PREA training as correctional officers and have a duty to report when they have knowledge of sexual abuse.

A certificate of completion of the Adult/Adolescent SANE Preparation and Refresher curriculum from the SANE-SART Online Clinical Learning Program with earnings of 40 hours confirmed required training for the SANE Nurse. An interview with the SANE Nurse indicated she does conduct the forensic examinations in the East and North Regions of Missouri. The assignment of SANE Nurses at MDOC facilities is based on mileage and availability to report to the facility within the allotted time. She is permanently assigned at SCCC as a Nurse/SAFE Nurse and is on-call to travel to MDOC facilities in East and North Regions of Missouri as needed

## SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

### Standard 115.41: Screening for risk of victimization and abusiveness

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### 115.41 (a)

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No
- Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No

#### 115.41 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility? ☒ Yes ☐ No

#### 115.41 (c)

- Are all PREA screening assessments conducted using an objective screening instrument? ☒ Yes ☐ No

#### 115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? ☒ Yes ☐ No

#### 115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? ☒ Yes ☐ No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? ☒ Yes ☐ No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse? ☒ Yes ☐ No

#### 115.41 (f)

- Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? ☒ Yes ☐ No

#### 115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a: Referral? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to a: Request? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to a: Incident of sexual abuse? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to a: Receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness? ☒ Yes ☐ No

#### 115.41 (h)

- Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? ☒ Yes ☐ No

#### 115.41 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates? ☒ Yes ☐ No



## Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of MDOC Policy D1-8.13; Missouri Department of Corrections Institutional Services Procedural Manual, IS5-2.3 Offender Internal Classification (MDOC Policy IS5-2.3) Adult Internal Risk Assessment (AIRA) Manual and Completed AIRA Screening Forms, Interviews with Intake/Staff who perform risk screening, SCCC meets the mandate of this standard. Policy dictates newly arriving offenders shall be assessed utilizing the AIRA Tool to identify those at risk for being sexually abusive or sexually abused. The initial screening shall be completed within 72 hours of the offender's arrival at the facility. An offender's reassessment is conducted within 30 days from the date of the initial assessment and at any other time when warranted based upon the receipt of additional relevant information or following an incident of abuse or victimization. Staff who conduct intake screening also perform the offender's 30-day reassessment. The auditor reviewed documentation of 83 initial and reassessment completed. All 83 initial assessments were completed within 72 hours of the offender's arrival. Only six of the 30-day reassessments were completed outside the 30-day allowance period. Therefore, staff existed a practice and procedure of completing the required duties with minimum discrepancies. Documentation confirmed offenders received their initial assessment on the day of their arrival or the following day. Intake staff indicated the offenders may receive their initial 72 hours assessment the day after their arrival due the late arrival on the incoming bus movement. The initial screening and reassessments are conducted in a private setting in the inmate's assigned housing unit by Case Managers who are assigned these duties. The offenders who are required to be placed in the segregation unit are screened by the Case Manager assigned to that unit. The screening instrument includes whether the offender has a mental, physical, or developmental disability, the age and physical build of the offender, previously incarceration history, whether the offender's criminal history is exclusively nonviolent, prior convictions for sex offenses, whether the offender is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming, past sexual victimization, self-perception of vulnerability and civil immigration status. Offenders that are identified as potential victims are referred for a mental health evaluation. Staff reassesses the offender's risk of victimization or abusiveness based upon any additional, relevant information received by the facility to ensure any concerns with the offender's safety is addressed. Information obtained during the initial assessment and reassessment is placed in the offender's classification file. These files are accessible to identified authorized staff only that includes the Case Managers, Unit Managers, Warden and Deputy Warden. Information obtained during the assessments determines how offenders are scored such as Alpha (high risk of abusiveness), Kappa (low risk of abusiveness or victimization) or Sigma (high risk of victimization). Offenders are not disciplined for refusing to answer or for not disclosing complete information related to the screening questions.

## Standard 115.42: Use of screening information

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### 115.42 (a)

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? ☒ Yes ☐ No

#### 115.42 (b)

- Does the agency make individualized determinations about how to ensure the safety of each inmate? ☒ Yes ☐ No

#### 115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? ☒ Yes ☐ No
- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems? ☒ Yes ☐ No

#### 115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate? ☒ Yes ☐ No

#### 115.42 (e)

- Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? ☒ Yes ☐ No

#### 115.42 (f)

- Are transgender and intersex inmates given the opportunity to shower separately from other inmates? ☒ Yes ☐ No

#### 115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No.

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of MDOC Policy D1-8.13; MDOC Policy IS5-2.3; MDOC IS5-3.3; MDOC Policy IS5-3.1; Missouri Department of Corrections Institutional Services Procedural Manual, IS18-1.1 Required Activities (MDOC Policy IS18-1.1); Transgender Committee Meetings Minutes, Interviews with

Warden, Case Managers, PREA Site Coordinator, Director of Adult institutions, OPS PREA Coordinator, SCCC meets the mandate of this standard. SCCC uses information from the risk assessment to make housing and bed assignments with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive. Based on information obtained during the assessment, offenders are scored as Alpha (high risk of abusiveness), Kappa (low risk of abusiveness or victimization) or Sigma (high risk of victimization). The information obtained is used by staff to make individualized determinations on how to ensure the safety of each offender. Alpha and Sigma are not housed in the same unit. Transgender or intersex offender's housing is considered on a case-by-case basis, placement considers the offenders health and safety, and whether the placement would present management or security problems. Interviews with staff confirmed a transgender or intersex offender's own view with respect to his or her own safety would be given consideration.

Review of Transgender Committee meeting minutes and interviews with three offenders identified as transgender, confirmed staff conduct additional detailed assessments twice a year. The offenders' own view of the vulnerability within the general population, whether the offender require special accommodations for showering, historical overview of the offender's transgender or intersex status, adult internal risk assessment review and a review of institutional adjustment. List of any PREA allegations and investigations, review of programming assignments, health care treatment status, special accommodations or request made by the offender are noted in addition to security concerns raised by the offender or staff members, and recommendations made by the Transgender Committee are noted in the meeting minutes. Individual showers are available for all offenders. Transgender and intersex offenders are given the opportunity to shower separately from other offenders upon request. SCCC does not place lesbian, gay, bisexual, transgender, or intersex offenders in a dedicated unit based solely on identification or status. There were zero intersex offenders designated at SCCC during the audit review period.

## **Standard 115.43: Protective Custody**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.43 (a)**

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? ☒ Yes ☐ No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? ☒ Yes ☐ No

#### **115.43 (b)**

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have Access to: Programs to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have Access to: Privileges to the extent possible? ☒ Yes ☐ No

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have Access to: Education to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have Access to: Work opportunities to the extent possible? ☒ Yes ☐ No
- If the facility restricts Access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? ☒ Yes ☐ No
- If the facility restricts Access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? ☒ Yes ☐ No
- If the facility restricts Access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? ☒ Yes ☐ No

#### 115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? ☒ Yes ☐ No
- Does such an assignment not ordinarily exceed a period of 30 days? ☒ Yes ☐ No

#### 115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety? ☒ Yes ☐ No
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? ☒ Yes ☐ No

#### 115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of MDOC Policy D1-8.13; IS21.1 Temporary Administrative Segregation Confinement and the Involuntary Segregated Housing of Protective Custody Protocol, Interviews with the Warden, Supervisor of segregation, PREA Site Coordinator, SCCC meets the mandate of this standard. The agency and SCCC has policies and procedures in place that ensure offenders at high risk for sexual victimization are not placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. If an offender would be placed in involuntary segregation housing, the offender would have a review conducted by the Shift Commander, Warden and classification committee. Alleged victims of offender sexual abuse or offenders viewed as being at risk of victimization should not be assigned to administrative segregation protective custody for no longer than a 30- day period. Interviewed staff further indicated that if it became necessary to utilize restricted housing for this purpose, the inmate would have access to programs, privileges, education, and work opportunities to the extent possible as general population and any restrictions would be document the basis for the facility's concern for the offender's safety and the reason why no alternative means of separation be arranged. Housing of such would only be utilized as needed until other means can be made available and only until the investigation is completed.

## REPORTING

### Standard 115.51: Inmate reporting

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### 115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? ☒ Yes ☐ No

#### 115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No

- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
- Does that private entity or office allow the inmate to remain anonymous upon request? ☒ Yes ☐ No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? ☒ Yes ☐ No

#### 115.51 (c)

- Does staff Accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? ☒ Yes ☐ No
- Does staff promptly document any verbal reports of sexual abuse and sexual harassment? ☒ Yes ☐ No

#### 115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of MDOC Policies D1-8.13 and D1-8.9; Employee Handbook; Offender Handbook; PREA Posters and Brochure; SCCC Coordinated Response Plan; MOU with Department of Public Safety and the PREA Hotline information, SCCC meets the mandate of this standard. A variety of procedures have been established both internally and externally that allows the offenders to report sexual abuse and harassment. Offenders receive a copy of the Offender Handbook/Offender Rules during the intake process which advises them they may contact any staff member either verbally or in writing whether the alleged incident involved the reporting offender or not, call the Department's Confidential PREA Hotline, pressing "8" or dialing (573) 526-PREA (7732), write to the Missouri Department of Public Safety, Crime Victims Services Unit @ P.O. Box 49, Jefferson City, MO 65102. During the initial attempt to report by telephone, the telephone system was not working. However, the OPS PREA Coordinator requested the repair which was completed on the last day of the site visit. Reports to the Missouri Department of Public Safety, Crimes Victims' Unit may be made confidentially and remain anonymous upon request. Offenders may also report allegations to third parties who in turn would contact the MDOC



concerning the allegations. All allegations, including anonymous allegations, are investigated. Agency policy requires staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties. SCCC does not house offenders solely for civil immigration offenses.

Per the Employee Handbook, staff may anonymously report allegations of offender sexual abuse, harassment, or retaliation utilizing the staff tips hotline. Staff identified several avenues in which staff and offenders could privately report sexual abuse/harassment that included the tips hotline, speak directly to their supervisor, Shift Commander, report to investigative staff, etc.

Fifty-five offenders were interviewed, and all indicated they were familiar ways to report sexual abuse or harassment allegations. Offenders indicated at least two or more of the following methods of reporting: report to staff, file a grievance, have a family member or friend report for them, write the Missouri Department of Public Safety and/or anonymously. An interview with the OPS Investigator confirmed all allegations reported to include anonymous and third party are investigated in accordance to MDOC policy and the PREA standards. An available method to reporting sexual abuse/harassment allegations for offenders is available to the public through the Agency's website at <http://doc.mo.gov/OD/PREA.php>.

## Standard 115.52: Exhaustion of administrative remedies

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.  
☐ Yes ☒ No ☐ NA

#### 115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

#### 115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

#### 115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

#### 115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

#### 115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a Substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance alleging an inmate is subject to a Substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the Substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in Substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

#### 115.52 (g)

- If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of MDOC Policy D1-8.13; Missouri Department of Corrections Department Procedural Manual, D5-3.2 Offender Grievances (MDOC Policy D5-3.2, Offender Handbook/Offender Rulebook, Interview with inmate population and Grievance Officer, SCCC meets the mandate of this standard. Offenders are informed of the grievance process during orientation. This information is also included in the Offender Rulebook. Offenders are required to use any informal grievance or complaint process. Offenders do not have a time limit imposed for submitting a grievance related to an allegation of sexual abuse. Offenders will not submit a complaint to a staff member who is the subject of the complaint. Agency policies and procedures require a decision on the merit of any grievance or portion of a grievance alleging sexual abuse to be made with 90 days of filing the grievance. Staffs are required to notify the offender in writing when the agency files for an extension, including notice of the date by which a decision will be made. MDOC authorizes assistance for filing these grievances by third parties, to include other offenders, family members, friends, attorneys, and outside advocates. The Agency policies also address the offender's opportunity to file an emergency grievance alleging they are a subject to a Substantial risk of imminent sexual abuse. Under these circumstances, the agency is required to issue a

response to the offender within 48 hours upon receipt of the grievance and a final decision must be issued within 5 days.

An interview was conducted with the Grievance Officer. She indicated upon her receiving a grievance alleging a PREA allegation, the grievance would immediately be forwarded for investigation by the OPS Investigators. The investigative response is required to be completed within 30 days. She indicated she has not received any grievances alleging PREA allegations within the past 12 months of the audit.

## **Standard 115.53: Inmate Access to outside confidential support services**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.53 (a)**

- Does the facility provide inmates with Access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrants services agencies? ☒ Yes ☐ No
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

#### **115.53 (b)**

- Does the facility inform inmates, prior to giving them Access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in Accordance with mandatory reporting laws? ☒ Yes ☐ No

#### **115.53 (c)**

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse? ☒ Yes ☐ No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☒ Yes ☐ No

### **Auditor Overall Compliance Determination**

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review D1.8.13 Offender Sexual Abuse and Harassment, PREA brochure, in the Offender Handbook/Offender Rulebook, Interviews with the PREA Site Coordinator, OPS PREA Coordinator, and List of Available National Sexual Abuse Agencies, SCCC meets the mandate of this standard. Offenders are provided with addresses and phone numbers to national sexual abuse agencies at the Just Detention International 3325 Wilshire Blvd., Suite 340 Los Angeles, CA.90010 (800) 223-5001, and Rape, Abuse and Incest National Network (RAINN) 1220 L Street NW, Suite 505 Washington DC.20005 (800) 656-HOPE (4673). Letters to the aforementioned addresses are confidential and not subject to examination by staff. This information is posted throughout the facility accessible to the offender and staff population in both English and Spanish. Although the offender population did not identify organizations as such during the interview process, they were aware of the flyers posted throughout the facility. The flyers note "Per department policy, mail will be subject to examination and phone calls may be monitored."

The OPS PREA Coordinator continues to solicit community rape crisis organizations throughout the State that is willing to establish a partnership with several of the agency facilities. However, at this time, an agreement has not been established for many of the facilities to include SCCC. Efforts of the OPS PREA Coordinator is documented through logs. In lieu of a local community victim advocate the Chaplain has completed victim advocate training and serves as the qualified staff member available to provide emotional support services and counseling.

## Standard 115.54: Third-party reporting

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### 115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (Requires Corrective Action)

In accordance with a review of MDOC Policy D1-8.13, third party reporting posters and the MDOC PREA Policy Web Page (<http://www.doc.mo.gov/OD/PREA/PREA.php.html>) were reviewed and meets the mandate of this standard. The PREA link on the website provides information on third party reporting of alleged PREA incidents. The information on the web site encourages third parties to report allegations to call 573-526-9003; write PREA Unit Missouri Department of Corrections 2728 Plaza Drive Jefferson City, MO 65109 and/or Emailing DOC.PREA@doc.mo.gov. This information is included in the PREA brochures which are provided to each offender. Interviews with random staff and random offenders confirmed allegations of sexual abuse and/or sexual harassment of offenders could be reported by third party to include family, friends and other associates.

## OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

### Standard 115.61: Staff and agency reporting duties

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### 115.61 (a)

- Does the agency require all staff to report immediately and According to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and According to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and According to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?. ☒ Yes ☐ No

#### 115.61 (b)

- Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? ☒ Yes ☐ No

#### 115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? ☒ Yes ☐ No

- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? ☒ Yes ☐ No

#### 115.61 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? ☒ Yes ☐ No

#### 115.61 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third party and anonymous reports, to the facility's designated investigators? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of MDOC Policy D1-8.13; Missouri Department of Corrections Institutional Services Procedural Manual, IS11-32 Receiving Screening- Intake center (MDOC Policy IS11-32); Chapter 217 and 630 of the MDOC Revised Statutes, SCCC Coordinated Response Plan, Interviews with Medical and Mental Health Staff, SCCC meets the mandate of this standard. In accordance with policy, informal and formal interviews with random and specialized staff, all were aware of their responsibility to immediately report and document any knowledge or suspicion of violation of this standard to include those by third party and/or anonymous to their immediate supervisor, Shift Commander or higher-ranking staff. Failure to report offender sexual abuse is a Class A Misdemeanor. All staff, volunteers, and contractors are to immediately report any knowledge, suspicion, or information regarding an incident of sexual of sexual abuse/harassment that occurred and any knowledge of retaliation against offenders or staff who reported such an incident and any staff member's neglect or violation of responsibilities that may have contributed to an incident or retaliation in reference to cooperating with the investigation. Those staff interviewed, indicated they would report all knowledge of PREA allegations on any and all staff without consideration of another's supervisory position or relationship with a co-worker.

Staff were knowledgeable of the agency's policy that prohibits them from discussing information related to sexual abuse reports with anyone other than those to the extent necessary such as those who perform medical and mental health treatment, conduct investigations, and other security and management decisions.



Policy is in place to ensure unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners are required to report sexual abuse pursuant to the first paragraph of this section and to inform offenders of the practitioner's duty to report and the limitations of confidentiality at the initiation of services. Interviews with the Chief Mental Health Administrator, SANE Nurse, and Health Service Administrator, each advise the offender at the initiation of services in their limitations of confidentiality and their duty to report. Staff reported they are required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to a designated supervisor or official immediately upon learning of it. SCCC does not house any offenders under the age of 18.

## **..Standard 115.62: Agency protection duties**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.62 (a)**

- When the agency learns that an inmate is subject to a Substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate? ☒ Yes ☐ No

### **Auditor Overall Compliance Determination**

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of MDOC Policy D1-8.13 Offender Sexual Abuse and Harassment, Involuntary Segregated Housing for Protective Custody Protocol, Interviews with the Warden, Deputy Warden/PREA Site Coordinator and Staff who Supervise Segregated Housing, SCCC meets the mandate of this standard. The agency has policies and procedures in place in where staff are trained to ensure that upon their awareness an offender is subject to a substantial risk of imminent sexual abuse, immediate actions are taken to protect the offender. Per interviews with the Warden and Deputy Warden/PREA Site Coordinator each case is evaluated on a case by case basis and an offender would not be placed in segregated housing unless there were no available alternative means until other steps can be taken. An offender housing and job assignments could be changed and/or one of the offenders could be transferred based on the nature of the reported allegation and the potential harm to the offender identified at risk of imminent sexual abuse.

The auditors presented a variety of scenarios to random staff for response to the actions they would take upon becoming aware that an offender is subject to a substantial risk of imminent sexual abuse. Every staff member interviewed confirmed they would immediately remove the offender from the area of threat and notify their security supervisor and await further guidance. Staff confirmed under no circumstances

would they not take immediate actions of removing the offender under such conditions. During the past 12 months of the audit there were zero instances of offenders placed in involuntary segregated housing.

## Standard 115.63: Reporting to other confinement facilities

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.63 (a)

- Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? ☒ Yes ☐ No

#### 115.63 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? ☒ Yes ☐ No

#### 115.63 (c)

- Does the agency document that it has provided such notification? ☒ Yes ☐ No

#### 115.63 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in Accordance with these standards? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of MDOC Policy D1-8.13 Offender Sexual Abuse and Harassment, Review of the PREA Allegation Notification Checklist Institution, Review of Investigative Files, Interview with the Warden, OPS PREA Coordinator, and PREA Site Coordinator, SCCC meets the mandate of this standard. MDOC policy require upon receiving information that an offender has been sexually abused while assigned at another correctional facility, the coordinated response for offenders' sexual abuse will be immediately initiated. If the alleged abuse occurred at a facility outside the department, the notification checklist will be forwarded to the department's PREA Coordinator. The PREA Coordinator will ensure notification to the facility is made with 72 hours. The PREA Site Coordinator documents the notification made. During the past 12 months of the audit, SCCC received eight (8) PREA allegations which was

alleged to have occurred while the offenders were previously designated to SCCC from other correctional facilities. Three (3) of these investigations were completed and five (5) remained pending. The electronically documented PREA Allegation Checklist forms confirmed notification was made within 24 hours of the reported incident and all allegations were reported to the OPS PREA Unit for investigation. Several of the reported PREA allegations were alleged to have occurred in the previous years back to 2013. SCCC reported receiving zero allegations of sexual abuse/sexual harassment from the offender population as having occurred at their previous correctional facility within the past 12 months of the audit.

## **Standard 115.64: Staff first responder duties**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.64 (a)**

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser? ☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? ☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

#### **115.64 (b)**

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? ☒ Yes ☐ No

### **Auditor Overall Compliance Determination**

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of MDOC Policy D1-8.13; MDOC Lesson Plan on Coordinated Response; and SCCC Coordinated Response Protocol, interviews with Supervisory Staff, Random Staff, Warden, and PREA Site Coordinator, SCCC meets the mandate of this standard. Policies are in place to ensure upon learning of an allegation that an offender was sexually abused, the first staff member to respond to the report shall be required to: 1) separate the alleged victim and abuser; 2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; 3) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any action that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and 4) If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating defecating, smoking, drinking or eating.

In the past 12 months there were 29 allegations of sexual abuse received at SCCC. These allegations also included alleged touching to include by staff during the performance of pat searches, allegations of penetration and non-penetration and delayed reporting. Both security staff and non-security are trained to serve as first responders to allegations of sexual abuse. Security staff and non-security staff interviewed confirmed their understanding of the agency's Coordinated Response Protocol and their understanding in acting as a first responder. The auditors introduced different scenarios to staff during the interview process that allowed staff to respond to different events in which they could serve as a first responder. All staff to include security and non-security articulated the response protocol duties as noted in policy while notifying the Shift Commander and their immediate supervisor. Security staff and non-security staff are issued PREA cards to utilize as a reference when serving as a first responder. Staff maintained possession of these cards and presented them to the auditors during the interview process.

An interview was conducted with a non-security first responder, he indicated he was advised of the sexual abuse allegations by the offender writing him a letter. He immediately removed the offender from the cell with the alleged aggressor and contacted the Shift Commander. He continued in that due to length of time in which the sexual abuse was alleged to have occurred and the time frame the offender elected to report the allegation, no physical evidence was available for collection.

## **Standard 115.65: Coordinated response**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.65 (a)**

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? ☒ Yes ☐ No

### **Auditor Overall Compliance Determination**

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with a review of Directive D1-8.13 Offender Sexual Abuse and Harassment; PREA Allegation Notification Checklist – Institution; Coordinated Response to Offender Sexual Abuse Institutions Allegation Notification Checklist- Institution, First Responder Checklist; SCCC Coordinated Response to Offender Sexual Abuse; Interviews with Random Staff, Warden, PREA Site Coordinator, OPS PREA Coordinator, SCCC meets the mandate of this standard. The PREA Coordinated Response Plan coordinates the actions taken in response to an incident of sexual abuse among first responders, security, facility leadership, and victim advocate. Staff first responders, medical and mental health practitioners, investigators, and facility leadership have designated roles. The Protocol listed provides guidance for the reporting of various allegations that include: Definitions; Basic Roles & Responsibilities; Penetration/ Sexual assault Exam; Penetration/ No Sexual assault Exam; Non-penetration Events; Penetration Events; Sexual Harassment; Exceptions and Resources.

## **Standard 115.66: Preservation of ability to protect inmates from contact with abusers**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.66 (a)**

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? ☒ Yes ☐ No

### **115.66 (b)**

- Auditor is not required to audit this provision.

## **Auditor Overall Compliance Determination**

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of MDOC Policy D2-11.6 Per the Prison Rape Elimination Act, Interviews with the Warden, OPS PREA Coordinator, PREA Site Coordinator, SCCC meets the mandate of this standard. MDOC currently does not have a Union. Therefore, MDOC will not enter into or renew any collective bargaining agreements or other agreements that limit the department's ability to remove alleged staff sexual abusers from contact with any offender or offender pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. The facility can remove alleged staff sexual abusers from contact with any offenders or place an employee on administrative leave pending the outcome of an investigation and is compliant with this standard.

## **Standard 115.67: Agency protection against retaliation**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.67 (a)**

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? ☒ Yes ☐ No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

#### **115.67 (b)**

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? ☒ Yes ☐ No

#### **115.67 (c)**

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? ☒ Yes ☐ No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

#### 115.67 (d)

- In the case of inmates, does such monitoring also include periodic status checks? ☒ Yes ☐ No

#### 115.67 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation? ☒ Yes ☐ No

#### 115.67 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)



In accordance with the review of MDOC D1-8.13 Offender Sexual Abuse and Sexual Harassment, Assessment/Retaliation Status Checklist, Interviews with Director of Adult Institutions, Staff Assigned to Monitor Retaliation, and Warden, SCCC meets the mandate of this standard. The Functional Unit Managers are assigned to conduct retaliation monitoring for offenders who are assigned to their respective housing unit. The PREA Site Coordinator is assigned to conduct staff retaliation monitoring. Interviews with staff assigned to monitor retaliation confirmed the initiation of monitoring begins after the allegation has been reported. After the initial contact, emotionally support services and monitoring is continued 30 days from the initial contact, followed by 60 days and 90 days. A multiple of protection measures are made following any retaliation claims that includes gathering evidence to confirm or rebuke the claims. If deemed necessary, staff will be temporarily reassigned, or the offender will be moved to another housing location. Offenders are monitored for housing changes, program changes, disciplinary reports, and negative performance reviews by staff, treatment of offenders who reported the sexual abuse to see if there are changes that may suggest retaliation by offenders of staff. Except in instances where the agency determines that a report of sexual abuse is unfounded. Retaliation monitoring was reported to end at the point when the threat of retaliation no longer exists. Staff documented meeting dates with offenders and conversation held while addressing any concerns the offender may have had on the Assessment/Retaliation Status Checklist. There were zero staff that required retaliation monitoring during the past 12 months of the audit and there were zero substantiated cases of retaliation determined.

## Standard 115.68: Post-allegation protective custody

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of MDOC Policy D1-8.13 Offender Sexual Abuse and Sexual Harassment; IS21.1 Temporary Administrative Segregation Confinement and the Involuntary Segregated Housing of Protective Custody Protocol, Interviews with Staff assigned to Supervise Segregated Housing, and Warden, SCCC meets the mandate of this standard. The agency has policies and procedures in place that offenders at high risk for sexual victimization are not placed in involuntary segregated housing unless an assessment of all available alternatives is available. If an offender would be placed in involuntary

segregation housing, the offender would have a review conducted by the Shift Commander, Warden and Classification Committee. Alleged victims of sexual abuse or offenders viewed as being at risk of victimization should not be assigned to administrative segregation protective custody for no longer than a 30-day period. Per an interview with the Warden, one offender was placed in temporary involuntary segregated housing during the 12-month review period. Placement was due to no other available beds within the protective custody unit after reporting a sexual abuse allegation with his cellmate in the protective custody unit. Both offenders were removed from the cell in the protective custody unit for investigative purposes and collection of physical evidence. The alleged victim was returned to the protective custody unit prior to 30 days placement in segregated housing.

## INVESTIGATIONS

### Standard 115.71: Criminal and administrative agency investigations

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### 115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

#### 115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? ☒ Yes ☐ No

#### 115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☒ Yes ☐ No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?...  
☒ Yes ☐ No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ☒ Yes ☐ No

#### 115.71 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? ☒ Yes ☐ No

#### 115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? ☒ Yes ☐ No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? ☒ Yes ☐ No

#### 115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? ☒ Yes ☐ No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? ☒ Yes ☐ No

#### 115.71 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? ☒ Yes ☐ No

#### 115.71 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? ☒ Yes ☐ No

#### 115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? ☒ Yes ☐ No

#### 115.71 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? ☒ Yes ☐ No

#### 115.71 (k)

- Auditor is not required to audit this provision.

## 115.71 (I)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with a review of Directive D1-8.1 Office of Professional Standards; OPS Investigative Staff Training Records, Interviews with Director of Adult Institutions, OPS PREA Coordinator, OPS Investigator, Facility Investigator and Warden, Review of Investigative Files, SCCC meets the mandate of this standard. A computer-generated roster documented completed specialized training of all OPS Investigators who are authorized to conduct administrative and criminal investigations of sexual harassment and sexual abuse within MDOC. A facility investigator is assigned to conduct administrative sexual harassment allegations. When an investigator believes there is probable cause that a criminal act has been committed, the investigator conducting the investigation shall notify the Chief Administrative Officer (CAO), who will determine whether law enforcement should be contacted to complete the investigation. If law enforcement declines to investigate the incident, the OPS Investigators complete the investigation and processing of the incident. If the investigation determines that a criminal act has occurred, the CAO then refers the incident to the appropriate prosecutor's office. In cases where the investigations are conducted by the PREA Unit, OPS Investigators notifies the OPS Director who will review the incident for possible referral to the prosecuting attorney or an outside law enforcement agency. Under circumstances of employee related cases, the OPS Investigators notify the OPS director who reviews the incident for possible referral to the prosecuting attorney or an outside law enforcement agency. The OPS Investigators maintain an open line of communication with investigators from outside agencies while providing additional support as needed. The auditors randomly selected 22 completed investigative files for review that included a variety of substantiated, unsubstantiated, and unfounded findings. An interview with the OPS Investigator and review of the investigative files confirmed the collection of evidence to support the finding of each investigation. The investigative files contained interviews with alleged victims, suspected perpetrators, and witnesses, any available physical evidence, video monitoring, pictures, background of both the alleged victim and alleged perpetrator, whether staff actions or failure to act contributed to the abuse, review of prior complaints of sexual abuse involving the suspected perpetrator. The credibility of an alleged victim, suspect, or witness is assessed on an individual basis and not determined by the person's status as an offender or staff. Offenders who allege sexual abuse are not required to submit to a polygraph examination or other truth telling device as a condition for proceeding with the investigation of such an allegation. Additionally, the departure of the alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation. One staff member resigned during the investigation of staff on offender

sexual abuse. Although the staff member resigned, the investigation continued, and the investigation was determined to be Unfounded. All investigative files are retained for 90 years.

## Standard 115.72: Evidentiary standard for administrative investigations

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report 115.72 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with MDOC Policy D1-8.13 Offender Sexual Abuse and Sexual Harassment, and interview with the OPS Investigator, the agency imposes no standard higher than a preponderance of the evidence whether allegations of sexual abuse or sexual harassment are substantiated. SCCC meets the mandate of this standard

## Standard 115.73: Reporting to inmates

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.73 (a)

- Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? ☒ Yes ☐ No

#### 115.73 (b)

- If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) ☐ Yes ☐ No ☒ NA

#### 115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer posted within the inmate's unit? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer employed at the facility? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

#### 115.73 (d)

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No
- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

#### 115.73 (e)

- Does the agency document all such notifications or attempted notifications? ☒ Yes ☐ No

#### 115.73 (f)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review MDOC Policy D1-8.13; closed Investigation files and the offender notification forms were reviewed and meet the requirements of this standard. Procedures are in place to notify the offender upon closure of the investigation the determined findings of substantiated, unsubstantiated, or unfounded sexual abuse investigations. The OPS Investigator (PREA Unit) provides notification to each MDOC facility of their investigative findings. The PREA Site Coordinator has designated the Functional Unit Manager to deliver the notification to the offender assigned to their housing unit. All notifications are in writing, documented and signed by the offender and staff issuing the findings. Offenders are not discipline for refusing to sign. In the event that the investigation was conducted by an outside agency, the OPS PREA Unit will request relevant information from the outside agency in order to inform the offender of the outcome of the investigation. There have been 29 reported criminal and/or administrative investigations of alleged offender sexual abuse that were completed for SCCC in the past 12 months. Twenty-one of these investigations were completed and eight remained open. Of the alleged sexual abuse investigation completed in the past 12 months, 21 were notified in writing of the results of the investigations. Eight cases remained pending.

## Standard 115.76: Disciplinary sanctions for staff

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### 115.76 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? ☒ Yes ☐ No

### 115.76 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? ☒ Yes ☐ No

### 115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? ☒ Yes ☐ No

### 115.76 (d)



- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of MDOC Policies D1-8.13 Offender Sexual Abuse and Sexual Harassment; D2-11.10 Staff Member Conduct: Review of Completed Investigative Files, Interviews with OPS PREA Coordinator, PREA Site Coordinator, SCCC meets the mandate of this standard. Policy address disciplinary sanctions of employees up to removal for PREA related issues. Staff members are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse/harassment procedures. Termination from the agency will be the presumptive disciplinary action for staff members who have engaged in sexual abuse. All termination for violations or the resignation of a staff member, who would have been terminated if not for their resignation, will be reported to relevant licensing or accreditation bodies and law enforcement. Staff interviews revealed an awareness of the agency's zero tolerance policy and disciplinary procedures that pertains to sexual abuse and sexual harassment. There were zero staff who was discipline for violation of agency zero tolerance of sexual abuse and sexual harassment.

## Standard 115.77: Corrective action for contractors and volunteers

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? ☒ Yes ☐ No

### 115.77 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of MDOC D1-8.13 Offender Sexual Abuse and Sexual Harassment and D2-13.1 Volunteers, Interviews with Contract Staff, Volunteers, and Warden, SCCC meets the mandate of this standard. MDOC has a zero-tolerance involving sexual abuse and sexual harassment of offenders by contractors and volunteers. The policies outline criminal actions taken in the event a volunteer or contractor sexual abuses or participates in sexual harassment. These policies also require that contractors or volunteers who commit the prohibited act of engaging in sexual abuse are reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. If an investigation is determined to be substantiated, they would be terminated and not allowed back in the facility. Interviews were conducted with one (1) volunteer and three (3) contractors, all were aware of the policies as outlined. SCCC reported there were zero incidents reported of volunteers and/or contractors that engaged in sexual abuse of an offender since the past twelve months.

### Standard 115.78: Disciplinary sanctions for inmates

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.78 (a)

- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process? ☒ Yes ☐ No

### 115.78 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories? ☒ Yes ☐ No

#### 115.78 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior? ☒ Yes ☐ No

#### 115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of Access to programming and other benefits? ☒ Yes ☐ No

#### 115.78 (e)

- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact? ☒ Yes ☐ No

#### 115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? ☒ Yes ☐ No

#### 115.78 (g)

- Does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)  
☒ Yes. ☐ No. ☐ NA

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with a review of Directive D1-8.13 Offender Sexual Abuse and Harassment SOP 19-1.1 Conduct Rules & Sanctions; Directive – Disciplinary Sanctions and Mental Health; PREA Violations Tracking Report it is determined SCCC meets the mandate of this standard. The listed policies outline disciplinary sanctions that may be imposed on offenders who engage in sexual abuse and sexual harassment. Offenders are subject to discipline internally for inmate on inmate sexual abuse. Inmates are only disciplined for sexual relations with staff in cases where it is determined to be without consent from staff. All acts of sexual activities between offenders are prohibited and offenders determined to have committed this act will receive discipline, but only under the findings that the act was not coerced by staff or other offenders. Disabilities and mental illness factors contributing to the acts of a offender's participation in sexual activities will be considered during the discipline process. An offender reporting an allegation of sexual abuse in good faith, in which the finding was determined not to be substantiated, will not receive discipline for making the report. If an offender is found to be guilty of sexual abuse, the offender will be referred to appropriate treatment (therapy, counseling) by mental health staff members, as available, in accordance with divisional and institutional services procedures regarding conduct violations and disciplinary sanctions. In the past twelve months, SCCC reported one (1) substantiated incident of offender on offender sexual abuse. The abuser was recommended for 30 days disciplinary segregation, referred to the Administrative Segregation Committee and a request for prosecution. An interview with the Chief Mental Health confirmed the facility does not have any group sessions, but counseling or other interventions could be designed to address and correct underlying reason or motivations for the abuse. He continued in stating he has not had any known abuser request for any type of counseling services. However, the offender would not be required to participate in such interventions as a condition for access to programming and other benefits.

## MEDICAL AND MENTAL CARE

### Standard 115.81: Medical and mental health screenings; history of sexual abuse

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### 115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) ☒ Yes  
☐ No ☐ NA

#### 115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure

that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) ☒ Yes ☐ No ☐ NA

#### 115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? ☒ Yes ☐ No

#### 115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? ☒ Yes ☐ No

#### 115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of SOP DI-8.13; MDOC Policies D1-8.13 Offender Sexual Abuse and Sexual Harassment; IS11-32 and Corizon Health Contractual Requirements, SCCC meet the requirement of this standard. Offenders at SCCC are offered follow up meetings with medical or mental health professionals if they disclosed any prior sexual victimization. This is also offered to offenders who have previously perpetrated sexual abuse. SOP DI-8.13 Offender Sexual Abuse and Harassment, page 10, Section III (C) (5) states, "If the screening indicates that an offender has experienced prior sexual victimization, whether it occurred in a correctional setting or in the community, staff members shall ensure that the offender is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. If the screening indicates that an offender has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff members shall ensure that the offender is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. Medical and mental health practitioners confirmed they obtain informed consent from offenders at the initiation of providing services to offender regards reporting information about prior sexual victimization that did not occur in an institutional setting.

IS11-32 Receiving Screening – Intake Center, pages 4 -5, Section III (B) states, if during the screening, the offender reports being sexually abused within the last 72 hours or if a forensic exam is deemed medically necessary, the coordinated response to offender sexual abuse will be initiated in accordance with departmental procedures regarding offender sexual abuse and harassment. If the screening indicates the offender has experienced prior sexual victimization and a forensic exam is not deemed medically necessary, the coordinated response protocol will not be initiated, and the offender will be offered a follow-up meeting with a medical and/or mental health practitioner within 14 days of the intake screening. If the screening indicates the offender has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff members shall ensure that the offender is offered a follow-up meeting with a qualified mental health practitioner within 14 days of the intake screening. Policy mandates that all information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff, as necessary, to allow for informed decisions for treatment plans, security and management decisions. Health services staff confirmed an informed consent is obtained from offenders in accordance with institutional services regarding informed consent at the initiation of services before reporting information about prior sexual victimization that did not occur in an institutional setting.

## **Standard 115.82: Access to emergency medical and mental health services**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.82 (a)**

- Do inmate victims of sexual abuse receive timely, unimpeded Access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners According to their professional judgment? ☒ Yes ☐ No

### **115.82 (b)**

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? ☒ Yes ☐ No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

### **115.82 (c)**

- Are inmate victims of sexual abuse offered timely information about and timely Access to emergency contraception and sexually transmitted infections prophylaxis, in Accordance with professionally Accepted standards of care, where medically appropriate? ☒ Yes ☐ No

### **115.82 (d)**

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? ☒ Yes ☐ No

## Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

MDOC Policy D1-8.13, SCCC Coordinated Response Protocol and Corizon Health Contractual Requirements were reviewed and address the requirement of this standard. Policies are in place to ensure offender victims of sexual abuse receive timely unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners According to their professional judgment

All security and non-security first responders are required to immediately make notification of sexual abuse allegations to a security supervisor/shift commander. The shift commander is responsible for making all notifications to include the Health Service Administrator and Chief of Mental Health. Medical and mental health staff maintain secondary materials (e.g., form, notes) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided the appropriate response by medical staff who provides 24 hours coverage, and the provision of appropriate and timely information and services concerning sexually transmitted infection prophylaxis. Treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

## Standard 115.83: Ongoing medical and mental health care for sexual abuse victims and abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.83 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? ☒ Yes ☐ No

### 115.83 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? ☒ Yes ☐ No



**115.83 (c)**

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? ☒ Yes ☐ No

**115.83 (d)**

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) ☐ Yes ☐ No ☒ NA

**115.83 (e)**

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely Access to all lawful pregnancy related medical services? (N/A if all-male facility.) ☐ Yes ☐ No ☒ NA

**115.83 (f)**

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? ☒ Yes ☐ No

**115.83 (g)**

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? ☒ Yes ☐ No

**115.83 (h)**

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail. ☒ Yes ☐ No ☐ NA

**Auditor Overall Compliance Determination**

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

MDOC Policy D1-8.13; SCCC Coordinated Response Protocol and Corizon Health Contractual Requirements were reviewed and meet the requirement of this standard. Policies are in place and enforced to offer medical and mental health evaluation and, as appropriate, treatment to all offenders who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. This is an all-male facility and services offered would be for male population. Review of files indicates that the evaluation and treatment is offered and documented per policy. The evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and , when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody; the facility provides such victims with medical and mental health services consistent with the community level of care and offender victims of sexual abuse while incarcerated are offered test for sexually transmitted infections as medically appropriate. Treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Medical care is available 24 hours and mental health staff are on call 24 hours and can report to the facility within two hours. The auditors review "Referral and Screening Note – Mental Health/Medical Service completed by medical and mental health staff. This referral note had documented observed behaviors, the reason for referral, screening results as well as actions taken by mental health and medical.

## DATA COLLECTION AND REVIEW

### Standard 115.86: Sexual abuse incident reviews

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### 115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? ☒ Yes ☐ No

#### 115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? ☒ Yes ☐ No

#### 115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? ☒ Yes ☐ No

#### 115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? ☒ Yes ☐ No

- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☒ Yes ☐ No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? ☒ Yes ☐ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance Coordinator? ☒ Yes ☐ No

#### 115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of MDOC Policy D1-8.13, PREA Sexual Abuse Debriefing Reports, Interviews with a Member of the Incident Review Team/PREA Site Coordinator and Warden, SCCC meets the mandate of this standard. MDOC policy requires a sexual abuse incident review must be conducted within 30 days of the conclusion of investigations, unless the allegation is determined to be unfounded. The investigative cases included one substantiated finding and six unsubstantiated findings. These debriefing were reviewed by the auditors. The review team included upper-level management officials, investigators, and medical or mental health practitioners, with input from line supervisors. The final review is submitted to the department PREA coordinator, CAO, and Assistant Division Director. The Debriefing included all measures of this standard during the review process. Interview with the Warden indicated the facility would implement recommendations that result from the review or document the reasons for not making the implementations. A sexual abuse incident debriefing is not required on offender sexual harassment investigations or inquiries or if the investigation or inquiry is unfounded. The debriefing included the name of the victim, assailant, staff members involved in the briefing, date and time of the incident, what occurred, location of the incident, housing information, was the allegation motivated by race, ethnicity or sexual orientation, information on the coordinated response, information on a forensic exam, mental health consultation, and any recommendations. This review is also included in the facility's annual report.

## **Standard 115.87: Data collection**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.87 (a)**

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? ☒ Yes ☐ No

#### **115.87 (b)**

- Does the agency aggregate the incident-based sexual abuse data at least annually? ☒ Yes ☐ No

#### **115.87 (c)**

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? ☒ Yes ☐ No

#### **115.87 (d)**

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? ☒ Yes ☐ No

#### **115.87 (e)**

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) ☒ Yes ☐ No ☐ NA

### 115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) ☒  
Yes ☐ No ☐ NA

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Data needed to complete the annual Survey of Sexual Violence is collected in the Correctional Information Network (COIN) system. Data is collected and reviewed annually. Policy D1-8.13 Offender Sexual Abuse and Harassment states, "Each facility shall utilize information from the offender sexual abuse debriefings to prepare an annual report to be submitted to the department's PREA coordinator by the last working day in March.

The report includes: 1) identified problem areas, 2) recommendations for improvement, 3) corrective action taken, 4) if recommendations for improvements were not implemented, reasons for not doing so, 5) a comparison of the current year's data and corrective actions with those from prior years, and an assessment of the facility's progress in address sexual abuse, 6) an evaluation of the need for camera and monitoring systems, 7) in consultation with the PREA site coordinator; assessment determination, and documentation of whether adjustments are needed to the staffing plan, the deployment of video monitoring and the resource availability to adhere to the staff plan. The yearly report is submitted to the Division Director and the OPS PREA Coordinator no later than the last working day in March. The PREA coordinator shall prepare an annual report compiling each facility's current year's data and corrective actions. The report shall include a comparison with prior year's data, corrective actions, and an assessment of the department's progress in addressing offender sexual abuse. The report shall be forwarded to the department director for approval by the last working day in May."

The MDOC PREA Annual Report is published on the MDOC website at <https://doc.mo.gov/programs/PREA/>. The report contains information on the progress the agency has made in the PREA program, a trend analysis of all investigations in the state and correction actions for each facility. The data is collected monthly and reported annually.

### Standard 115.88: Data review for corrective action

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? ☒ Yes ☐ No

#### 115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse ☒ Yes ☐ No

#### 115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? ☒ Yes ☐ No
- 

#### 115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of MDOC Policy D1-8.13 and the PREA Annual Reports posted on the Agency's website were reviewed and meet the requirement of this standard. The agency's policy requires the PREA Analyst to prepare and aggregate data collected throughout the agency. Each year an annual report is prepared that includes all identified noted problems within each facility while applying corrective actions for each area identified throughout the agency as a whole. The annual report includes a comparison of the current year's data and corrective actions with prior years and provides an assessment of progress in addressing sexual abuse. The Chief Administrative Officer, OPS PREA Coordinator or Agency Director edits specific material from the reports when publication would present clear and specific threat to the safety and security of a facility. The Chief Administrative Officer or designee PREA Coordinator indicates the nature of the material edited. A review of the annual reports confirmed no personal identifiers are included in the report prior to publishing on the agency website. The MDOC Annual Report on Sexual Victimization is posted on the Agency's website and available for review at <http://www.doc.mo.gov/OD/PREA.php>.

## Standard 115.89: Data storage, publication, and destruction

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained? ☒ Yes. ☐ No

#### 115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? ☒ Yes ☐ No

#### 115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? ☒ Yes ☐ No

#### 115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)



☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of MDOC Policy D1-8.13; PREA Annual Report and the Agency's PREA Website, the agency meets the mandate of this standard. MDOC policy requires the agency to prepare an annual report. Problem areas of concern and corrective actions are included in the annual reports for each facility throughout the Agency. A comparison of the current year's data and corrective actions with those from prior years and provides an assessment of progress in addressing sexual abuse. MDOC data is retained for at least 90 years and is secured by Office of Professional Standards and PREA Analyst. The Agency ensures all personal identifiers are removed before publishing the reports. The annual report is posted on the MDOC website at <http://www.doc.mo.gov/OD/PREA.php> for review by the public. A review of the agency's website confirmed PREA Annual Reports were posted from 2010 through 2016. No identifiable markers were noted in the reports.

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### 115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) ☒ Yes ☐ No

#### 115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) ☐ Yes ☐ No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the second year of the current audit cycle.) ☐ Yes ☐ No ☐ NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency,

were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) ☒ Yes ☐ No ☐ NA

#### 115.401 (h)

- Did the auditor have Access to, and the ability to observe, all areas of the audited facility? ☒ Yes ☐ No

#### 115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? ☒ Yes ☐ No

#### 115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, offenders, and detainees? ☒ Yes ☐ No

#### 115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? ☒ Yes. ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

The auditors reviewed the MDOC web page at <https://doc.mo.gov/programs/PREA/PREA-audits/2018> containing the audit reports for PREA audits completed. The auditors verified that MDOC since the beginning in audit year 3 of cycle 1, has ensured that at least one-third of each facility type operated by the Agency was and/or is scheduled to be audited

The auditors were granted access to all areas of the facility and the ability to observe practices and procedures of staff and the offender population during the site visit. There was no hesitation in the receipt of requested documentation and copies requested by the auditors. The response from the PREA SITE Coordinator, OPS PREA Coordinator and Office Support Staff was superb. The auditors were provided separate private office space to both inmate and staff interviews in a private setting.

The auditors received five (5) correspondences from the offender population. Each of the offenders were interviewed. An interview the mail room staff indicated the mail addressed to auditors as treated in the manner of legal mail.

## Standard 115.403: Audit contents and findings

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued). ☒ Yes ☐ No ☐ NA

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

The MDOC website <http://www.doc.mo.gov/OD/PREA.php> confirms that the agency ensures that all previous PREA Final Reports from the correctional facilities within its jurisdiction are published on the Agency's website within 90 days after the final report is issued by the auditor. MDOC meets the requirement of this standard.

## AUDITOR CERTIFICATION

I certify that:

- ☒ The contents of this report are accurate to the best of my knowledge.
- ☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- ☒ I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Debra D. Dawson

June 26, 2019

**Auditor Signature**

**Date**

# Prison Rape Elimination Act (PREA) Audit Report

## Adult Prisons & Jails

☐ Interim ☒ Final

Date of Report June 29, 2019

### Auditor Information

Name: Debra D. Dawson	Email: dddawsonprofessionalaudits@gmail.com
Company Name: 3D PREA Auditing & Consulting, LLC	
Mailing Address: P.O. Box 5825	City, State, Zip: Greenwood, FL 32443
Telephone: 850-209-4878	Date of Facility Visit: May 15-17, 2019

### Agency Information

Name of Agency:	Governing Authority or Parent Agency (If Applicable):		
Missouri Department of Corrections	State of Missouri		
Physical Address: 2729 Plaza Drive	City, State, Zip: Jefferson City, Missouri 65109		
Mailing Address: P.O. Box 263	City, State, Zip: Jefferson City, Mo.65102		
Telephone: 573 751-2389	Is Agency accredited by any organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal

Agency mission: Improving Lives for Safer Communities.

Agency Website with PREA Information: <http://doc.mo.gov/programs/PREA>

### Agency Chief Executive Officer

Name: Anne L. Precythe	Title: Director
Email: Anne.Precythe@doc.mo.gov	Telephone: 573 751-2389

### Agency-Wide PREA Coordinator

<b>Name:</b> Vevia Sturm	<b>Title:</b> Missouri Office of Professional Standard (OPS) PREA Coordinator
<b>Email:</b> Vevia.Sturm@doc.mo.gov	<b>Telephone:</b> 573 5751-2389

<b>PREA Coordinator Reports to:</b>  Matt Briesacher Office of Professional Standards	<b>Number of Compliance Coordinators who report to the PREA Coordinator.</b> 0
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### Facility Information

<b>Name of Facility:</b> Southeast Correctional Center			
<b>Physical Address:</b> 300 East Pedro Simmons Drive, Charleston, MO 63834			
<b>Mailing Address (if different than above):</b>			
<b>Telephone Number:</b> 573-683-4409			
<b>The Facility Is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
<b>Facility Type:</b>	<input type="checkbox"/> Jail		<input checked="" type="checkbox"/> Prison
<b>Facility Mission:</b> Improving Lives for Safer Communities.			
<b>Facility Website with PREA Information:</b> <a href="http://doc.mo.gov/programs/PREA">http://doc.mo.gov/programs/PREA</a>			

### Warden/Superintendent

<b>Name:</b> Jason Lewis	<b>Title:</b> Warden
<b>Email:</b> jason.lewis@doc.mo.gov	<b>Telephone:</b> 573-683-4409

### Facility PREA Compliance Coordinator

<b>Name:</b> Bill Strange	<b>Title:</b> Deputy Warden Operations
<b>Email:</b> bill.strange@doc.gov	<b>Telephone:</b> 573-683-4409

### Facility Health Service Administrator

<b>Name:</b> Molly Lejia	<b>Title:</b> Health Service Administrator
<b>Email:</b> molly.leiga@doc.mo.gov	<b>Telephone:</b> 573-683-4409

### Facility Characteristics

Designated Facility Capacity.1622		Current Population of Facility: 1586		
Number of inmates admitted to facility during the past 12 months				680
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:				671
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:				680
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:				654
Age Range of	Youthful Inmates Under 18: N/A		Adults: 19-85	
Population:				
Are youthful inmates housed separately from the adult population?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input checked="" type="checkbox"/> .NA	
Number of youthful inmates housed at this facility during the past 12 months:				N/A
Average length of stay or time under supervision:				8yr and 5 mos.
Facility security level/inmate custody levels:				C-1 through C-5
Number of staff currently employed by the facility who may have contact with inmates:				396
Number of staff hired by the facility during the past 12 months who may have contact with inmates:				119
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:				1
<b>Physical Plant</b>				
Number of Buildings: 16		Number of Single Cell Housing Units. 2		
Number of Multiple Occupancy Cell Housing Units:		20		
Number of Open Bay/Dorm Housing Units:		2		
Number of Segregation Cells (Administrative and Disciplinary:		200		
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):				
SECC currently has 414 regular cameras and 28 PREA cameras. The cameras are placed strategically throughout the institution to ensure the safety and security of both offenders and staff				
<b>Medical</b>				
Type of Medical Facility:		24 hr. nursing facility with on-site physician M-F and on-call physician availability 24 hrs. a day. 10 bed infirmary.		
Forensic sexual assault medical exams are conducted at:		Forensic examinations are conducted on site and/or at a local medical facility		
<b>Other</b>				



Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:	48 Contractors/ 42 Volunteers
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	9

## Audit Findings

### Audit Narrative

The Prison Rape Elimination Act (PREA) Recertification Audit for Southeast Correctional Center (SECC), Missouri Department of Corrections (MDOC) was conducted on May 15-17, 2019. The PREA audit was coordinated through the MDOC Office of Professional Standards and 3D PREA Auditing & Consulting, LLC. Department of Justice Certified PREA Auditors Debra Dawson and Joy Bell were assigned to conduct the audit. Ms. Dawson served as the Lead Auditor.

An open line of communication was developed between the Lead Auditor, OPS PREA Coordinator Vevia Sturm and SECC Deputy Warden of Operations/PREA Site Coordinator Bill Stange. Communication was maintained via phone, and email regarding the Pre-Audit Questionnaire (PAQ), posting of audit notice and audit logistics.

A flash drive was forward to the Lead Auditor by the PREA Site Coordinator, Mr. Stange. The flash drive contained the Pre-Audit Questionnaire (PAQ) and supporting documentation within designated folders for each of the 43 standards. The documentation included agency policies, procedures, forms, posters, pamphlets, brochures, handbooks, educational materials, training curriculums, staff and offender acknowledgement of PREA training, organizational charts, offender risk assessments, investigative files and results to demonstrate compliance with each PREA standards. A physical plant schematic for a pre tour scheduling itinerary was provided. The lead auditor received additional documentation during the pre-audit, site visit and post audit phrases. All requested documentation was submitted timely.

The entrance meeting was held on May 15, 2019 at 2:00 p.m. with Warden Jason Lewis, Deputy Warden of Operations/PREA Site Coordinator Bill Stange, OPS PREA Coordinator Vevia Sturm, and the assigned PREA auditors. At the conclusion of the opening meeting, a tour of the facility was conducted. The auditors were accompanied by Mr. Stange and Ms. Sturm. All areas of the facility was visited during the tour to include the administration area, main lobby, offender housing units, segregated housing, intake, medical unit, recreation, programming areas, food service, commissary, visiting room, control room, officers' duty stations, laundry, and supply warehouses, etc. Continued PREA educational material to include posters, third-party reporting, and flyers was posted throughout the facility to include the offender visiting room. The notification of the PREA audit site visit was confirmed during the pre-audit process as being posted on March 21, 2019. Auditors observed the notice throughout all departments and offender housing units with viewing accessibility to all offenders and staff.

Two hundred ninety-five security staff are assigned to the various three correctional shifts. The are 137 non-security staff, 41 medical staff and 7 mental health staff. Forty-four formal staff interviews were conducted that included 18 random interviews and 26 specialized staff. Security staff was interviewed from all three shifts which included Major, Captains, Lieutenants, Sergeants and Correctional Officers. Specialized staff interviewed included: (1) Director of Adult Correctional Institutions; (1) Warden; (1) Deputy Warden/PREA Site Coordinator; (1) OPS PREA Coordinator; (1) Agency Contract Administrator; (3) Intermediate or Higher-level facility staff; (1) Human Services Supervisor;(1) Contract SANE Nurse; (2) Volunteers; (2) Investigative Staff; (1) Contract Chief of Mental

Health; (1) Contract Health Services Administrator; (1) Director of Nurses; (1) Facility Victim Advocate; (2) Staff who perform screening for risk of victimization and abusiveness and Intake; (3) Staff who supervise offenders in segregated housing; (1) Staff on the Incident Review Team; (1) Designated staff member charged with monitoring retaliation; (1) Security staff who acted as a first responder.

One thousand five hundred eighty-six offenders were housed at SECC on the first day of the site visit. Seventeen offenders were selected for informal interviews. Fifty-eight offenders were selected for formal interviews. Thirty-one offenders were selected for random interviews. Seventeen offenders were selected from the following targeted groups: (3) offenders who had physical or mental disabilities, (3) identified as transgender, (3) identified as gay or bisexual and (5) offenders who reported prior sexual victimization, and (3) Offenders who reported sexual abuse. There were zero youthful offenders, zero offenders identified as limited English Proficient, and zero offenders placed in segregated housing for risk of sexual victimization/who alleged to have suffered sexual abuse designated at SECC during the site visit. The auditors utilized housing unit rosters to select offenders for random interviews. The offenders interviewed stated they felt generally safe and expressed a good understanding of received PREA education to include methods of reporting.

The auditors carefully examined a sampling of personnel files, new hires, promotional staff, background checks, staff, volunteers, and contractor workers PREA training documentation that were provided per request. No individual is allowed entrance into the facility to work or volunteer until a thorough background check is completed.

A sampling of offender institutional files was selected and observed documentation indicated by their signature receipt of PREA education. Documentation was also reviewed for 92 initial risk screenings and reassessments.

Seventy PREA allegations were reported during the past 12 months of the audit. There were 21 allegations of sexual abuse and 49 allegations of sexual harassment. There were zero Substantiated findings of sexual abuse. One Substantiated finding of offender on offender sexual harassment. Four Unsubstantiated findings of sexual abuse. Ten allegations of sexual abuse were determined to be Unfounded. Seven reported allegations of sexual abuse remained pending. Thirty reported allegations of sexual harassment were determined to be Unsubstantiated and three were determined to be Unfounded. Fifteen allegations of sexual harassment remained pending. A total of 22 PREA investigations remained pending during the site visit. The auditors reviewed a random selection of Substantiated, Unsubstantiated and Unfounded case files for a total of 23. All reviewed investigations documented the investigation process per agency policy. The case files included, all interviews, photos, recording video footage, first responder details, outcome notification, retaliation monitoring (when required) and incident reviews.

The auditors were very impressed with the knowledge of PREA education distributed by both staff and the offender population during the interview process. Both spoke with confidence and responded to each question without hesitation. It was obvious to the auditors that providing PREA education to both the offender population was amongst the top priorities of the facility's staff.

At the conclusion of the on-site visit on May 17, 2019, an exit meeting was held to discuss the audit findings with the Warden Jason Lewis, Deputy Warden of Operations (DWO)/PREA Site Coordinator Greg Stange, MDOC PREA Coordinator, DOJ Certified PREA Auditors Debra Dawson and Joy Bell. A corrective measure of installing privacy barriers that would enable transgender offenders to shower, without nonmedical staff of the opposite gender viewing their breasts except in exigent circumstances or

when such viewing is incidental to routine cell checks in addition to not being viewed by the remaining male offender population was developed, (115.15 (d)). It was determined additional privacy barriers would be installed in one handicap shower in each of the four wings (A-D) of housing units, 3, 4, 5 and 6, for a total of 16. The installation of the privacy barriers was completed on June 12, 2019. Photographs of the privacy barriers were forwarded to the lead auditor and served as confirmation of compliance with standard 115.15 (d).

## Facility Characteristics

Southeast Correctional Center is a male, maximum security facility located in Charleston, Mo – Mississippi County. Southeast Correctional Center has a capacity of 1627 offenders. It is the southernmost institution in Missouri. Southeast Correctional Center opened in the fall of 2001. The campus occupies a 120 acre site and consists of 16 buildings and structures, including 7 housing units, an administration building, a central services warehouse, industries, 3 maintenance buildings, a power plant, two guard houses, a work cadre building, a pump house and a 400 K gallon water tower.

The following is a breakdown of SECC housing units:

Housing Unit #1 is a 59 cell, 59 bed administrative segregation unit. All cells in housing unit #1 are single bed cells, and are reserved for those offenders who are a potential threat to others and/or self.

Housing Unit #2 – A, B, and C wings are a 207 bed administrative segregation unit. All but 3 cells are two-man cells. These three single-man cells in housing unit #2 C wing are reserved for mentally ill offenders who are enrolled in pro-social programming in order to reintroduce them into general population. Housing Unit #2 D-wing is a long-term protective custody wing housing 70 offenders in 35, two-man cells.

Housing unit # 3 is a 288 bed general population housing unit. Housing unit # 3A houses the Enhanced Care Unit. The Enhanced Care Unit is a wing/ program in which offenders whom have difficulties living without assistance are housed. These individuals are assigned offender daily living assistants who assist with duties such as cell cleaning, wheelchair pushing, ensuring the offenders maintain good hygiene, ensuring that appointments are attended, etc. The Housing Unit has four individual wings identified as Housing Unit A, B, C, and D.

Housing Unit #4 is a 288 bed general population housing unit. Housing Unit #4 D-wing houses the Transitional Housing Unit. Offenders assigned to this wing are nearing their release dates. These offenders are offered intense re-entry efforts through contact with community employers, classes, self-improvement programs, and various others. The Housing Unit has four individual wings identified as Housing Unit A, B, C, and D.

Housing unit #5 is a 288 bed general population housing unit. Housing unit #5 A wing houses the Puppies for Parole program. SECC partners with a local animal shelter and trains dogs provided by this shelter, making the dogs more adoptable. The Housing Unit has four individual wings identified as Housing Unit A, B, C, and D.

Housing unit #6 is a 288 bed general population housing unit. Housing unit #6 A wing houses the Intensive Therapeutic Community. Participation in this quasi boot-camp program is

voluntary. Offenders assigned to this program address issues such as substance abuse, criminal thinking, and behavior issues. The program is facilitated by offenders who have completed the program and are referred to as 'elders'. The Housing Unit has four individual wings identified as Housing Unit A, B, C, and D.

Housing Unit #7 is a 188 bed minimum security unit located outside the SECC perimeter. Housing Unit #7 is the Work Release Unit. Offenders assigned to this unit work on the highways with the Missouri Department of Transportation as well as other employers. Housing unit #7 is the only open-bay housing unit at SECC with four offenders assigned to each cubicle. their overall wellbeing is looked after.

## Summary of Audit Findings

**Number of Standards Exceeded:** 3

115.16: Inmates with disabilities and inmates who are limited English proficient; 115.31 Employee Training; 115.33 Inmate Education;

**Number of Standards Met:** 40

115.11: Zero Tolerance of sexual abuse and sexual harassment: PRE Coordinator; 115.12: Contracting with other entities for the confinement of inmates; 115.13: Supervision and monitoring; 115.14: Youthful inmates ; 115.15: Limits to cross-gender viewing and searches; 115.17: Hiring and promotions decisions; 115.18: Upgrades to facilities and technologies; 115.21 Evidence protocol and forensic medical examinations; 115.22: Policies to ensure referrals of allegations for investigations; 115.32 Volunteer and contractor training; 115.34: Specialized training :Investigations; 115.35 Specialized training: Medical and mental health care; 115.41 Screening for risk of victimization and abusiveness; 115.42: Use of screening information; 115.43: Protective Custody; 115.51: Inmate reporting ; 115.52 Exhaustion of administrative remedies;.115.53: Inmate access to outside confidential support services; 115.54 Third-party reporting; 115.61 Staff and agency reporting duties; 115.62: Agency protection duties; 115.63: Reporting to other confinement facilities; 115.64: Staff first responder duties; 115.65 Coordinated response; 115.66: Preservation of ability to protect inmates from contract with abusers; 115.67: Agency protection against retaliation; 115.68: Post-allegation protective custody; 115.71: Criminal and administrative agency investigations; 115.72: Evidentiary standard for administrative investigations; 115.73: Reporting to inmates; 115.76: Disciplinary sanctions for staff; 115.77: Corrective action for contractors and volunteers; 115.78: Disciplinary sanctions for inmates; 115. 81 Medical and mental health screenings: history of sexual abuse: 115.82: Access to emergency medical and mental health services; 115.83: Ongoing medical and mental health care for sexual abuse victims and abuser; 115.86 Sexual abuse incident reviews ; 115.87 Data collection; 115.88 Data review for corrective action;.115.89 Data storage, publication, and destruction.

**Number of Standards Not Met:** 0

**Summary of Corrective Action (if any)** N/A

## PREVENTION PLANNING

### Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

#### 115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? ☒ Yes ☐ No

#### 115.11 (b)

- Has the agency employed or designated an agency wide PREA Coordinator? ☒ Yes ☐ No
- Is the PREA Coordinator position in the upper level of the agency hierarchy? ☒ Yes ☐ No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities? ☒ Yes ☐ No

#### 115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance Coordinator? (N/A if agency operates only one facility.) ☒ Yes ☐ No. ☐ NA
- Does the PREA compliance Coordinator have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.) ☒ Yes ☐ No. ☐ NA

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of Missouri Department of Corrections Department Procedural Manual, D1-8.13 Offender Sexual Abuse and Harassment (MDOC Policy D1-8.13); Offender Handbook; Director's Office and Facility Organization Charts and duties of the MDOC PREA Coordinator and PREA Site Coordinator it was determined SECC meets the mandate of this standard. MDOC and SECC have written policies and procedures in place to support the agency's mission and goal of maintaining a zero tolerance of sexual abuse and sexual harassment. The policies provide an outline of required practice in the agency's approach to preventing, detecting, and responding to allegations of sexual harassment or sexual abuse. The policy includes definitions of prohibited behaviors regarding sexual assault and sexual harassment of offenders with sanctions for those found to have participated in these prohibited behaviors. Policies identify the agency's strategies and responsibilities to detect, reduce and prevent sexual abuse and sexual harassment of offenders.

The OPS PREA Coordinator is a position assigned by the OPS Director to coordinate the agency's statewide compliance with PREA. In an interview with the OPS PREA Coordinator, she confirmed that her time is exclusively devoted to ensuring compliance with all PREA standards and ensure the prevention of sexual abuse and sexual harassment. The Deputy Warden of Operations is assigned as the PREA Site Coordinator and is responsible for ensuring PREA standards are maintained at the facility. An interview with the PREA Site Coordinator confirmed he has sufficient time to fulfill his responsibilities as the PREA Site Coordinator. Effective communication between the OPS PREA Coordinator and the PREA Site Coordinator is routinely maintained through phone calls, memorandums, emails, training, and meetings to discuss policy updates, new initiatives and any issues of concerns.

## **Standard 115.12: Contracting with other entities for the confinement of inmates**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.12 (a)**

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) ☒ Yes ☐ No ☐ NA

#### **115.12 (b)**

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates OR the response to 115.12(a)-1 is "NO".) ☒ Yes ☐ No ☐ NA

### **Auditor Overall Compliance Determination**



- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of MDOC Policy D1-8.13 Offender Sexual Abuse and Sexual Harassment; contracts with community confinement facilities under the authority of the Division of Probation and Parole and interviews with the OPS PREA Coordinator and Warden, SECC meets the mandate of this standard. The contracts require the contractors adopt and comply with PREA standards and compliance is monitored by the agency. However, SECC does not contract with other entities for the confinement of its offenders.

### **Standard 115.13: Supervision and monitoring**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.13 (a)**

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No



- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No ☐ NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

#### 115.13 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)  
☐ Yes ☐ No ☒ NA

#### 115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? ☒ Yes ☐ No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? ☒ Yes ☐ No

### 115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? ☒ Yes ☐ No
- Is this policy and practice implemented for night shifts as well as day shifts? ☒ Yes ☐ No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of MDOC.D1-8.13, PREA Yearly Staffing Report; Annual PREA Report; Unannounced Rounds Tracking Logs; IS20.-1.1 Post Orders, Housing Unit Officers Post Orders; Letter from Division of Adult Institutions, Implementation Teams Report; Deployment Staff Staffing Analysis, Institution Security Inspections Reports; SECC meets the mandate of this standard. Staffing plans for all MDOC facilities were originally developed by Central Office in 2009 which the agency continues to work from. The Major maintains a copy of the staffing plan for reference in providing for adequate levels of staffing while identifying critical and non-critical posts. SECC monitors the staff plan to ensure compliance annually and a review of the staffing plan dated October 4, 2018 was provided for the auditors. Proper security coverage enables the facility to provide a safe environment for offenders and safe. The staffing plan addresses the items listed in section 115.13a. Per the Warden, although the facility's video monitoring is supported by 442 cameras, the cameras does not serve the purpose of staff, but as an asset for monitoring. On an average the facility has 30 days of storage all across the video system. Review of video monitoring confirmed the offenders' privacy during showering, use of toilet, change of clothes and performance of bodily functions was not observed by staff during video monitoring. The facility is designated as an adult male facility. Both female and male staffs are assigned to each shift. The Warden confirmed he and the Deputy Warden review the staffing level every day to ensure they do not go below the staffing plan. Staff schedules are adjusted and/or overtime is always paid in lieu of vacating a required post as needed due to security staff call-ins. When and if there is a need, non-critical areas and/or program areas would be cancelled to provide coverage for critical posts such as on snow days when many staff may be unable to report to work. There were no deviations noted to have occurred. However, any deviations from the staffing plan would be documented and the reasons for the deviation would be documented.

The unannounced PREA rounds logs are documented on a tracking log noting all areas of the facility. Interviews with intermediate-level or higher-level supervisors that included Captains, Lieutenants, Major,

Functional Unit Managers, Warden, Deputy Warden and Assistant Warden indicated they are aware of their responsibility to conduct unannounced PREA rounds. Supervisory staff stated rounds are conducted out of sequence to prevent a pattern. A review of the tracking log and logbooks confirms unannounced rounds are not completed in a pattern and are conducted by a variation of supervisory staff. Rounds conducted in this manner prevent staff from advising others that supervisory unannounced rounds are being conducted. Post orders include a general order prohibiting staff members from alerting each other that unannounced supervisor rounds are occurring, unless such announcement is related to legitimate operational functions of the facility. Supervisory staff stated they were unaware of any circumstances where a staff member have alerted others of unannounced rounds being conducted.

## **Standard 115.14: Youthful inmates**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.14 (a)**

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

#### **115.14 (b)**

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

#### **115.14 (c)**

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- Do youthful inmates have Access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

### **Auditor Overall Compliance Determination**

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of MDOC Policy D1-8.13, Missouri Department of Corrections Institutional Services Procedural Manual, IS5-3.1 Offender Housing Assignments (MDOC Policy IS5-3.1); Missouri Department of Corrections Institutional Services Procedural Manual, IS5-1.1 Diagnostic Center Reception and Orientation (MDOC Policy IS5-1.1) MDOC Statutes, Chapter 217, Section 217.345, and Interviews with Warden and PREA Site Coordinator, the agency meets the mandate of this standard. SECC does not house youthful offenders.

## Standard 115.15: Limits to cross-gender viewing and searches

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### 115.15 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners? ☒ Yes ☐ No.

### 115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20, 2017.) ☒ Yes ☐ No ☐ NA
- Does the facility always refrain from restricting female inmates' Access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 inmates before August 20, 2017.) ☒ Yes ☐ No ☐ NA

### 115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes ☐ No
- Does the facility document all cross-gender pat-down searches of female inmates? ☒ Yes ☐ No

#### 115.15 (d)

- Does the facility implement a policy and practice that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? ☒ Yes ☐ No

▪

#### 115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? ☒ Yes ☐ No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? ☒ Yes ☐ No

#### 115.15 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of SOPD1-8.13 Offender Sexual Abuse and Harassment; SOP20-1.3 Searches; Coordinated Response SECC; IS6-1.3 Offender Personal Appearance and Grooming; IS11-34.1 Health Assessment and/or Physical Examination at Reception; Institutional Searches Lesson Plan Memorandums of Guidance for PREA Site Coordinator; Post Orders for Security Supervisory Post Orders, SECCC meets the mandate of this standard. SECC is an adult male facility and does not house

female offenders. However, the agency has policy that prohibit cross gender pat searches on female offenders, cross gender visual body cavity searches and strip searches.

Individual shower stalls and toilets within the common area of the housing units are equipped with a  $\frac{3}{4}$  door that allows privacy for offenders to shower without nonmedical staff of the opposite gender viewing their buttocks, or genitals except in exigent circumstances or when such viewing is incidental to routine security checks. Housing Units 1 and 6 has toilets within the offenders' cells.

A common area restroom is located in the open day/dorm of housing unit 7. The design of the restroom area and half wall cubicles provides privacy for change of clothing, showers, use of bodily functions without being seen by nonmedical staff of the opposite gender viewing except in exigent circumstances or when such viewing is incidental to routine security checks.

The auditors identified although the offenders' showers were within individual stalls with a  $\frac{3}{4}$  door in housing units, 3, 4, 5 and 6, these doors did not allow privacy of the breast area for offenders identified as transgender. Therefore, this discrepancy was a factor in the facility not meeting the mandate of this standard. This matter was brought to the attention of the Warden, PREA Site Coordinator and OPS PREA Coordinator. A corrective measure plan was developed that included the installations of barriers at each the handicap showers on the first walk of each housing unit. The installed barriers provided proper coverage and complete installation was on June 12, 2019. Photographs identifying each area was provided to the auditors and served as confirmation of compliance with this standard 115.15 (d). Each of these housing units has 4 wings for total of 16.

Zero offenders identified as transgender requested to shower at separate times from the remaining general population offenders. There were zero offenders at SECC identified as intersex.

An announcement is made over the intercom when female staff are assigned for duty and other entry of the housing units. The announcement is entered in the Chronological Log noting the date, time staff person entering the area and exiting the area. A sign is posted of female staff in the housing unit for offenders who are hard of hearing or was not in the housing unit at the time of the opposite gender entry. Observation of this procedure and a review of the chronological log were conducted by the auditors.

Policy prohibits staff from physically examining transgender or intersex offenders for the sole purpose of determining the offender's genital status. The determination of transgender and/or intersex offenders genital status may be obtained during conversations with the offender, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner. Interviewed staff were given a variety of circumstances in which staff may elect to conduct a visual search of an offender identified as transgender and/or intersex for the sole purpose of determining the offender's genital status. All staff interviewed immediately stated such actions were prohibited and they would report any known behavior and/or attempted behavior of a co-worker regardless of the staff member's rank.

Procedures for conducting cross-gender searches, transgender, intersex, or gender unknown searches are outlined in the Division Institutional Searches Lesson Plan. An interview with training staff personnel confirmed hands-on training for cross-gender searches began in 2014 for all employees. The curriculum was also added at the Training Academy for all new hires at this time. All staff interviewed acknowledged receipt of training and a review of their documented signature confirmed receipt of training. Staff provided the auditors with verbal instructions on conducting cross-gender searches. Staff confirmed all searches of transgender or intersex offenders, must be conducted in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. The three (3) offenders identified as transgender confirmed searches conducted by staff was appropriately performed.

## Standard 115.16: Inmates with disabilities and inmates who are limited English proficient

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? ☒ Yes ☐ No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? ☒ Yes ☐ No
- Do such steps include, when necessary, providing Access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No



- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? ☒ Yes ☐ No

#### 115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? ☒ Yes ☐ No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No.

#### 115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first response duties under §115.64, or the investigation of the inmate's allegations? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.13 Offender Sexual Abuse and Harassment; MDOC Lesson Plan for Special Needs Provided to Staff; PREA Training Rosters of Offenders with Special Needs; PREA Written Transcript, Available Bi-lingual Staff; SECC Coordinated Response Plan; PREA Pamphlets and Posters; PREA Sexual Abuse Brochures in multiple languages, D5-5.1 Deaf and Hard of Hearing Offenders; Contracts with outside Translation Service Contracts that include communication services for sign language, verbal language and a written language translations. SECC takes steps and has policies

and procedures that ensure offenders with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. MDCO Policy D1-8.13 Offender Sexual Abuse and Harassment dictates PREA education shall be provided to the offender in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to offenders, who have limited reading skills in accordance with the department's procedures regarding deaf and hard of hearing offenders, disabled offenders, and blind and visually impaired offenders. Offenders who have limited English proficiency shall be provided a copy of the video transcript and the PREA offender brochure in their native language. PREA Videos are also available with closed captioning. SECC have available resources to provide offenders with materials in a variety of languages to include English, Spanish, Chinese (Traditional), Japanese, Large Print-Blind-Braille, Russian, Serb Croatian, and Vietnamese. PREA posters and educational materials are provided in English and Spanish. Offenders who are deaf are provided PREA information thru written form, i.e. PREA guidelines, Education Brochures and Videos. Offenders who are blind are provided an audio version in either English or Spanish. The MDOC Lesson Plan for Special Needs completed by staff during basic institutional training goal is that students will be able to compare and contrast individuals with mild or moderate intellectual disabilities, learning disabilities, and emotional problems. Also, that staff will assess the potential problems from these impairments, predict how staff might be affected and learn techniques that facilitate learning and effective communication.

Formal and informal interviews with staff confirmed offenders are not used as interpreters, offender readers, or other types of offender assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise an offender's safety, the performance of first responder duties, or the investigation of an offender's PREA allegations.

There were zero circumstances noted where an offender was utilized to serve as an interpreter and/or offender reader. Interviews with two offenders identified with a physical or mental disability, confirmed staff provided PREA educational material they were able to understand. The facility maintains a list of staff who speaks languages other than English. There were zero offenders identified as LEP at the facility during the site visit.

## **Standard 115.17: Hiring and promotion decisions**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.17 (a)**

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

#### 115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates? ☒ Yes ☐ No

#### 115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency: perform a criminal background records check? ☒ Yes ☐ No
- Before hiring new employees, who may have contact with inmates, does the agency: consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? ☒ Yes ☐ No

#### 115.17 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates? ☒ Yes ☐ No

#### 115.17 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees? ☒ Yes ☐ No

#### 115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? ☒ Yes ☐ No

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? ☒ Yes ☐ No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No

#### 115.17 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? ☒ Yes ☐ No

#### 115.17 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) ☒ Yes ☐ No ☐ NA

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with D1-8.13 Offender Sexual Abuse and Harassment; Applications for Employment For New Hires and Promotions; Email for the Missouri Department of Corrections Division of Human Services, Office of Personnel; Pre-Employment PREA Checks; Background Investigations; Promotional Appointment D2-5.1 Maintenance of Employee Records; D2-2.10.Re-Employment Appointment D2-2.8.Promotional Appointment; D2-2.2 Background Investigations; D2-11.14.Annual Employment Requirements; Staff Yearly Background Checks, Missouri PREA Hiring Checklist; Background Checklist for Contractors; Employee Handbook; Application for Employment forms, Interviews with Human Resource Manager, and Warden, SECC meets the mandate of this standard.

The Human Resource Manager was interviewed in regard to a response to this standard. Before hiring new employees the human resources staff members or designee perform a criminal background records check and contact all prior institutional employers, when possible, for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse in accordance with the depart procedure regarding background investigation. Prior to approval of a promotional appointment, regardless of the salary range, a check is conducted of

the employee's official personnel file through central office human resources. The check is performed to ensure the employee has received no formal discipline for sustained allegations of sexual abuse and/or harassment or any information indicating any pending or adjudicated criminal charges. All sustained allegations are considered by the department before an employee is promoted. Backgrounds checks are conducted annually during the staff member's birth month. During the initial background investigation process of new hires, the applicant's fingerprints are mailed to the Highway Patrol as a process for hiring and continued service A check is also conducted on the staff's member driver license annually. The background checks are conducted through the Missouri State Highway Patrol utilizing the Missouri Uniform Law Enforcement System (MULES) and the National Crime Information Center System (NCICS). The Application for Employment require applicants to report all work history in prison, jail, lockup, community treatment centers, halfway house, restitution center, mental facility, alcohol or drug rehabilitation center, juvenile facility or other correctional facility (public or private). The applicant must also report if they were terminated or otherwise disciplined or counseled for sexual contract with or sexual harassment on an inmate, detainee, or resident of a correctional facility. Applicants must certify the information provided is correct to the best of their knowledge and understand that falsification of the information is grounds for disqualification from the selection process or dismissal from employment. All employees and contractors are required to report any subsequent arrest to their immediate supervisor before reporting for duty. Corizon conduct all background checks for medical and mental health staff assigned at MDOC facilities. Once contract staff is cleared, the Human Resource Manager receives a memorandum stating they have been cleared.

Verification of employment verbal requests shall be referred to the automated TALX program. Written requests shall be submitted to the central office human resources office and should be responded to in writing within 5 working days.

## **Standard 115.18: Upgrades to facilities and technologies**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.18 (a)**

- If the agency designed or acquired any new facility or planned any Substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a Substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.) ☒ Yes ☐ No ☐ NA

#### **115.18 (b)**

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.) ☐ Yes ☒ No ☐ NA

## Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of Missouri Department of Corrections Department Procedural Manual, D4-4.8 Security Camera Operation (MDOC Policy D4-4.8), and an interview with PREA Site Coordinator, SECC meets the mandate of this standard. SECC added cameras to the open-bay housing unit #7. Modifications was made in the housing unit in that a classroom was constructed in housing unit #7 B-wing for GED, core programs for offenders, Religious services, etc.

## RESPONSIVE PLANNING

### Standard 115.21: Evidence protocol and forensic medical examinations

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

##### 115.21 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  
☒ Yes ☐ No ☐ NA

##### 115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

#### 115.21 (c)

- Does the agency offer all victims of sexual abuse Access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? ☒ Yes ☐ No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ☒ Yes ☐ No
- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

#### 115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? ☒ Yes ☐ No
- Has the agency documented its efforts to secure services from rape crisis centers? ☒ Yes ☐ No

#### 115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? ☒ Yes ☐ No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes ☐ No

#### 115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) ☐ Yes ☐ No ☒ NA

#### 115.21 (g)

- Auditor is not required to audit this provision.



### 115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? [N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.] ☒ Yes ☐ No ☐ NA

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.8 Evidence Collection, Accountability and Disposal; SOPD1-8.13 Offender Sexual Abuse and Harassment; List of Available SANE Hospitals; Advocacy Training; Assignment of Chaplain as Victim Advocate; On-Line Advocacy Learning; Letter to Mississippi County Sheriff Office; Proven Partnership Contractual Agreement with Corizon, SECC meets the mandate of this standard. The MDOC OPS PREA Unit is responsible for conducting all criminal and administrative investigations of sexual abuse that includes offender on offender and staff on offender.

The Office of Professional Standards PREA Unit conducts all criminal investigations and administrative investigations involving sexual abuse. This is a department within the MDOC. All allegations involving staff and that appear to be criminal are forwarded to local law enforcement. If local law enforcement does not accept the case, the OPS PREA Unit will investigate the allegation and forward to the prosecuting attorney when applicable. The Directives for Offender Sexual Abuse and Harassment outline evidence protocols for administrative investigations and criminal prosecutions. A copy of correspondence from the PREA Coordinator to the local law enforcement Sheriff Office was provided for review by the auditors. The correspondence noted that the MDOC in accordance with Prison Rape Elimination Act, request investigative agencies that conduct PREA investigations within MDOC facilities adhere to PREA Standard 115.21 Evidence protocol and forensic medical examinations as required by the PREA standards

The auditor interviewed a OPS PREA Investigator and he confirmed all administrative and criminal investigation throughout MDOC must adhere to the investigative and evidence protocols based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents, or similarly comprehensive and authoritative protocols developed after 2011.

Medical and behavioral health care including certified Sexual Assault Nurse Examiners (SANE) are provided on-site through a contract with Corizon Health. Forensic exams are conducted on-site by a SANE nurse for an offender-on-offender sexual assault. Sexual abuse forensic examinations involving

staff on offender are conducted at a local hospital Southeast Health 1701 Lacey Street Cape Girardeau, MO. where these services can be provided. The forensic exams are provided at no cost to the victim.

The agency and facility have attempted to obtain an agreement for a community victim advocate from a rape crisis center. The effort to obtain an agreement was documented by the OPS PREA Coordinator. However, an agreement has not been established. The Missouri Department of Corrections collaborated with the Missouri Coalition Against Domestic and Sexual Violence to create online advocacy training. This training is available for Volunteers in Corrections as well as community members who may be interested in providing advocacy services to victims of sexual violence within MDOC prisons. The facility is required to have at least one qualified staff member that has been trained as an advocate. An interview was conducted with the facility's Chaplain in regard to his assignment as the Victim Advocate. He completed advocacy/victim services training on-line titled "Advocacy with Survivors of Sexual Victimization for DOC." Documentation of the completed training was provided. He is immediately notified of the circumstances surrounding the incident of sexual abuse both verbally via email. Upon verbal notification from the Shift Commander, he reports to the facility to accompany and support the victim through the forensic medical examination process and investigatory interviews and provide emotional support, crisis intervention, information and referrals as requested by the victim.

## **Standard 115.22: Policies to ensure referrals of allegations for investigations**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.22 (a)**

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? ☒ Yes ☐ No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? ☒ Yes ☐ No

#### **115.22 (b)**

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? ☒ Yes ☐ No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? ☒ Yes ☐ No
- Does the agency document all such referrals? ☒ Yes ☐ No

#### **115.22 (c)**

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).] ☐ Yes ☐ No. ☒ NA

#### 115.22 (d)

- Auditor is not required to audit this provision.

#### 115.22 (e)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.1 Office of Professional Standards D1-8.4 Institutional Investigations; Administrative Inquiries Excerpt D1-8.13 J. Investigations; Coordinated Response to Offender Sexual Abuse; SOP D1-8.1 Offender Sexual Abuse and Harassment and Interviews with OPS Investigator, Facility Investigator, Review of Investigative Files and logs, SECC meets the mandate of this standard. All allegations of offender sexual abuse and/or harassment, including third party and anonymous reports are immediately forwarded to the Shift Commander to initiate the coordinated response as outlined in the offender sexual abuse and harassment procedure. MDOC Directives requires an administrative and/or criminal investigation is completed for all allegations of sexual abuse/harassment. Within two business days of receipt of a sexual abuse/sexual harassment, the OPS PREA Unit determines if the allegations meet PREA definitions or if additional information is needed.

The facility's investigator is responsible for conducting administrative investigations pertaining to non-criminal sexual harassment. The OPS Investigators are responsible for conducting all sexual abuse investigations and any sexual harassment allegations that may be criminal. The OPS Investigator explained all allegations are required to be referred and investigated as part of the employee standards. Upon receiving an allegation of sexual abuse, he begins the investigation as soon as possible. When an OPS Investigator conducting the investigation believes there is probable cause that a criminal act has been committed in an offender related case, The Chief Administrative Officer (CAO), will determine whether law enforcement should be contacted to complete the investigation. If law enforcement declines to investigate the incident, the trained OPS Investigator will complete the investigation and processing of the incident. If the investigation determines that a criminal act has occurred, the CAO shall refer the incident to the appropriate prosecutor's office for consideration. All referrals for such allegations will be

documented in accordance with the coordinated response to offender sexual abuse located on the department's intranet website: <http://doc.mo.gov/programs/PREA>.

When outside agencies investigate sexual abuse, staff members will cooperate with outside investigators and will make an effort to remain informed about the progress of the investigation. A memorandum drafted by the OPS PREA Coordinator was forwarded to the various Sheriff Departments requesting the responsible parties follow PREA standards when conducting offender sexual abuse investigations. All administrative and criminal investigations of sexual abuse or sexual harassment is entered into the COIN (Corrections Information Network) system within the MDOC. Administrative and criminal investigation reports will be retained for 90 years from the completion of the investigation and in accordance with the department procedure regarding records retention. Interviews with both the facility investigator and OPS Investigator confirmed this practice during the interview process.

During the past 12 months of the audit, there were 70 allegations of sexual abuse and sexual harassment that were referred for investigation to the OPS PREA Unit for investigation. Fifty-one allegations resulted in an administrative investigation and 19 were referred for criminal investigations.

## TRAINING AND EDUCATION

### Standard 115.31: Employee training

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### 115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? ☒ Yes ☐ No

#### 115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility? ☒ Yes ☐ No
- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? ☒ Yes ☐ No

#### 115.31 (c)

- Have all current employees who may have contact with inmates received such training? ☒ Yes ☐ No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? ☒ Yes ☐ No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? ☒ Yes ☐ No

#### 115.31 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** *(Requires Corrective Action)*

In accordance with a review of D1-8.13, Offender Sexual Abuse and Harassment; MDOC Lesson Plan for Basic PREA Training; DOCOTA Online Training Lesson Plan "PREA Basic for All Staff" PREA Refresher Training for 2014, 2016, 2018; PREA Training Acknowledgement Forms; PREA Education through Emails Provided by the PREA Site Coordinator and OPS PREA Coordinator ; Interviews with Training Staff, Random Staff and Specialized Staff, SECC exceeds the mandate of this standard. D1-8.13 Offender Sexual Abuse and Harassment, Section III (B) (4), page 8, covers training requirements for new staff, current staff, part-time employees, volunteers, contract staff members and vendors. There are 396 staff who have contact with offenders. All employees to receive II receive initial PREA training during the department's basic training and refresher PREA training every two years through MDOC Intranet, DOCOTA Online Training PREA. Years, in which an employee does not receive training, the department's PREA coordinator provide current information on sexual abuse and sexual harassment policies. Both the Basic Training and the Refresher Training curriculum contained the 10 elements required in this standard.

An interview with the facility designated training staff confirmed a PREA refresher training course covering Sexual Abuse Prevention and Response is required every two years during in-service training through the Department of Corrections On-Line Training Academy (DOCOTA). Upon successful completion of the on-line PREA refresher training, staff receives a certificate of achievement. Additionally, training is provided to staff routinely through emails, web-based, and staff meetings. Interviews with random and specialized staff each confirmed they were very aware of their responsibilities to protect victims, respond to allegations made and refer reports for investigation by the OPS PREA Unit. Staffs are provided with a pocket card identifying steps to follow during reported allegations pertaining to sexual abuse and sexual harassment by an offender and how to report these allegations. A review of staff training acknowledging their receipt of PREA training was provided for review to the auditing team through certificates of completion and computer-generated rosters. SECC provides training tailored to the gender of the male offenders at the facility and includes training of conducting searches of transgender and intersex offenders. There were zero staff who transferred to SECC (male facility) from a correctional facility that house only female offenders. However, policy does dedicate gender training on searches.

It was obvious during the interview process that SECC has made PREA education a priority and not just a formality with the purpose of ensuring staff understand the material provided to them. Each and every staff presented themselves in a professional manner while speaking with confidence and very well versed in responses throughout the interview process.

## **Standard 115.32: Volunteer and contractor training**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.32 (a)**

- Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? ☒ Yes ☐ No

#### **115.32 (b)**

- Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)? ☒ Yes ☐ No

#### 115.32 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of MDOC Policies D1-8.13, D2-11.14 and D2-13.2; Offender Sexual Abuse and Harassment; Handout for Volunteers and Contractors; Volunteers in Corrections Training; Training Acknowledgment Forms signed by Contractors and Volunteers, MDOC Sexual Misconduct and Harassment Annual Guide for Staff, and Interviews with Volunteers and Contractors, SECC meets the mandate of this standard. SECC has 48 contractors and 42 volunteers. The PREA training provided to them includes the agency's policy and procedures regarding sexual abuse and sexual harassment prevention, detention, reporting, and response including zero tolerance. The level and type of training provided to the contractors and volunteers is based on the level of offender contact with them. However, all training provided during their orientation includes the agency's policy and procedures regarding sexual abuse and sexual harassment prevention, detention, reporting, and response including zero tolerance. Contractors and volunteers receive PREA training specific to their classification as determined by the appropriate Division Director and Chief of Staff Training. PREA training for both volunteers and contract staff is an annual requirement. An interview with a volunteer for religious services confirmed volunteers complete annual PREA training usually at a location within the community and document their signature on a PREA Annual Training Acknowledgement form. Contractors complete annual refresher PREA training on-line (DOCOTA) and with MDOC staff. Confirmation of both volunteers and contractors PREA training was reviewed by the auditors. Vendor contractors are escorted by a staff member at all times or shall receive PREA training prior to entering the facility.

#### Standard 115.33: Inmate education

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**



**115.33 (a)**

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No

**115.33 (b)**

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? ☒ Yes ☐ No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? ☒ Yes ☐ No

**115.33 (c)**

- Have all inmates received such education? ☒ Yes ☐ No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility? ☒ Yes ☐ No

**115.33 (d)**

- Does the agency provide inmate education in formats Accessible to all inmates including those who are limited English proficient? ☒ Yes ☐ No
- Does the agency provide inmate education in formats Accessible to all inmates including those who are deaf? ☒ Yes ☐ No
- Does the agency provide inmate education in formats Accessible to all inmates including those who are visually impaired? ☒ Yes ☐ No
- Does the agency provide inmate education in formats Accessible to all inmates including those who are otherwise disabled? ☒ Yes ☐ No
- Does the agency provide inmate education in formats Accessible to all inmates including those who have limited reading skills? ☒ Yes ☐ No

**115.33 (e)**

- Does the agency maintain documentation of inmate participation in these education sessions?  
☒ Yes ☐ No

#### 115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with a review of D1-8.13 Sexual Abuse and Sexual Harassment; SOP5-1.2 Institution Receiving and Orientation; Comprehensive PREA Offender Class Enrollment Rosters; PPREA Victim/Abuser Protocol; SECC Offender Handbook; Interviews with Offenders; Offender Sexual Abuse Sexual Harassment Acknowledgement Forms, PREA Posters, Pamphlets; Video and Lesson Plan "PREA: What You Need to Know," 48 Offenders Formal Interviews and 17 informal Interviews; Classification Hearing Forms, SECC exceeds in meeting the mandate of this standard. SECC ensures all incoming offenders who arrive earlier during the week, receive a PREA pamphlet and are shown the PREA video in the property room. On the following Friday of each week, the newly arrived offenders report to a classroom in the programming areas for a comprehensive PREA education session. During this session, the offenders are shown the PREA video PREA "What You Need to Know" a second time and interact and ask questions pertaining to material in the video by the Case Manager who is teaching the class. PREA education is also available on the offenders' tablets. There were 680 offenders admitted during the past 12 months who were given PREA information. Offenders acknowledge by signature on the Offender Sexual Abuse and Harassment Acknowledge form viewing the PREA video, receiving a PREA pamphlet and an Information Guide to Sexual Abuse and Sexual Harassment. Receipt of PREA educational material is also documented by signature of the offender on the Classification Hearing Form. The documented PREA training is maintained in the offender's file. PREA posters are posted in all housing units, program areas, visiting room, and food service in English and Spanish and is available in other languages as needed. This material is accessible to the offender population which provides offenders with a continuously and readily availability of PREA education resources.

One hundred percent of the formal and informal offenders' interviews (55) acknowledged receipt of PREA educational material upon their arrival during intake and orientation. The offenders also referenced the PREA posters throughout the facility, Offenders' Handbook, PREA literature received and observance of the PREA video as receiving and understanding PREA education during interviews. The offenders also stressed that staff ensures the offender population not only receive the PREA educational material during

intake and orientation, staff would insist they take the material given to them upon leaving. The offender population was respectful of the staff and appreciative of their methods in providing PREA education.

## **Standard 115.34: Specialized training: Investigations**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.34 (a)**

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

#### **115.34 (b)**

- Does this specialized training include techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does this specialized training include proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

#### **115.34 (c)**

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

#### **115.34 (d)**

- Auditor is not required to audit this provision.

## Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of MDOC Policy D1-8.13; MDOC Lesson Plan– Special Investigator Training; Interview with OPS Investigator, and Training Acknowledgement for Investigators, SECC meets the mandate of this standard. OPS Investigators are assigned to conduct sexual abuse allegations and/or sexual harassment within the MDOC. The nine assigned OPS Investigators have received specialized training for conducting sexual abuse/harassment investigations in confinement settings. The OPS Investigators complete a 40-hour course that includes PREA Specialist Investigative Training at the Central Office in Jefferson City, MO. This training includes techniques for interviewing sexual abuse victims, proper use of the Miranda and Garrity warnings, sexual abuse evidence collection in confinement setting, criteria and evidence to substantiate a case for administrative action or prosecution referral. Confirmation of investigators' completion of specialized training was confirmed through a computer-generated roster identified as completed PREA Specialized Investigator Training. The OPS Investigator articulated the training completed during the interview process.

## Standard 115.35: Specialized training: Medical and mental health care

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? ☒ Yes ☐ No

#### 115.35 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.) ☒ Yes ☐ No ☐ NA

#### 115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? ☒ Yes ☐ No

#### 115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? ☒ Yes ☐ No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of MDOC Policy D1-8.13, PREA Specialized Training for Medical and Mental Health curriculum; SANE/SAFE training curriculum, SECC meet the mandate of this standard. All staff who provide health care and/or mental health services, have participated in a specialized training titled PREA-Specialized Medical/Mental Health Professional Training. The course is a 2.0 hours credit course. Staff members received training on the following topics, to include trauma-informed care, detecting and assessing signs of sexual abuse and sexual harassment, preserving physical evidence, effective and professional response, reporting and the PREA standards and understanding sexual trauma in custody. The review of medical and mental health personnel training records by the auditors confirmed that these employees also receive the same PREA training as correctional officers and have a duty to report when they have knowledge of sexual abuse.

A certificate of completion of the Adult/Adolescent SANE Preparation and Refresher curriculum from the SANE-SART Online Clinical Learning Program with earnings of 40 hours confirmed required training for the SANE Nurse. An interview with the SANE Nurse indicated she does conduct the forensic examinations at the facility for offender on offender sexual abuse. Any allegation of sexual abuse of staff on offender would be conducted at a local hospital.

## SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

### Standard 115.41: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.41 (a)

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No
- Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No

#### 115.41 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?  
☒ Yes ☐ No

#### 115.41 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?  
☒ Yes ☐ No

#### 115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?  
☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?  
☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? ☒ Yes ☐ No

#### 115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? ☒ Yes ☐ No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? ☒ Yes ☐ No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse? ☒ Yes ☐ No

#### 115.41 (f)

- Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? ☒ Yes ☐ No

#### 115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a: Referral? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to a: Request? ☒ Yes ☐ No



- Does the facility reassess an inmate's risk level when warranted due to a: Incident of sexual abuse? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to a: Receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness? ☒ Yes ☐ No

#### 115.41 (h)

- Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? ☒ Yes ☐ No

#### 115.41 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of MDOC Policy D1-8.13; Missouri Department of Corrections Institutional Services Procedural Manual, IS5-2.3 Offender Internal Classification (MDOC Policy IS5-2.3) Adult Internal Risk Assessment (AIRA) Manual and Completed AIRA Screening Forms, Interviews with Intake/Staff who perform risk screening, SECC meets the mandate of this standard. SECC received 680 offenders whom stay was longer than 72 hours at the facility. There were 671 whose length of stay in the facility was for 30 days or more who were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival at the facility based upon any additional, relevant information received since intake. Policy dictates newly arriving offenders shall be assessed utilizing the AIRA Tool to identify those at risk for being sexually abusive or sexually abused. The initial screening shall be completed within 72 hours of the offender's arrival at the facility. An offender's reassessment is conducted within 30 days from the date of the initial assessment and at any other time when warranted based upon the receipt of additional relevant information or following an incident of abuse or victimization. Staff who conduct intake screening also perform the offender's 30-day reassessment. The auditor reviewed documentation of 92 initial and reassessment completed. All 92 initial assessments were completed within 72 hours of the offender's arrival. Only ten of the 30-day reassessments were completed outside the 30-day requirement period. However, staff existed a practice and procedure of completing the required duties with minimum discrepancies. Documentation confirmed offenders received their initial assessment on the day of their arrival or the following day. Intake staff indicated the offenders may receive their initial 72 hours assessment the day after their arrival due the late arrival on the incoming bus

movement. The initial screening and reassessments are conducted in a private setting in the inmate's assigned housing unit by Case Managers who are assigned these duties. The offenders who are required to be placed in the segregation unit are screened by the Case Manager assigned to that unit. The screening instrument includes whether the offender has a mental, physical, or developmental disability, the age and physical build of the offender, previously incarceration history, whether the offender's criminal history is exclusively nonviolent, prior convictions for sex offenses, whether the offender is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming, past sexual victimization, self-perception of vulnerability and civil immigration status. Offenders that are identified as potential victims are referred for a mental health evaluation. Staff reassesses the offender's risk of victimization or abusiveness based upon any additional, relevant information received by the facility to ensure any concerns with the offender's safety is addressed. Information obtained during the initial assessment and reassessment summary is placed in the offender's classification file. These files are accessible to identified authorized staff only that includes the Case Managers, Unit Managers, Warden and Deputy Warden. Information obtained during the assessments determines how offenders are scored such as Alpha (high risk of abusiveness), Kappa (low risk of abusiveness or victimization) or Sigma (high risk of victimization). Offenders are not disciplined for refusing to answer or for not disclosing complete information related to the screening questions.

## **Standard 115.42: Use of screening information**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.42 (a)**

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? ☒ Yes ☐ No

#### **115.42 (b)**

- Does the agency make individualized determinations about how to ensure the safety of each inmate? ☒ Yes ☐ No

#### 115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? ☒ Yes ☐ No
- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems? ☒ Yes ☐ No

#### 115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate? ☒ Yes ☐ No

#### 115.42 (e)

- Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? ☒ Yes ☐ No

#### 115.42 (f)

- Are transgender and intersex inmates given the opportunity to shower separately from other inmates? ☒ Yes ☐ No

#### 115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing:

intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No.

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of MDOC Policy D1-8.13; MDOC Policy IS5-2.3; MDOC IS5-3.3; MDOC Policy IS5-3.1; Missouri Department of Corrections Institutional Services Procedural Manual, IS18-1.1 Required Activities (MDOC Policy IS18-1.1); Transgender Committee Meetings Minutes, Interviews with Warden, Case Managers, PREA Site Coordinator, Director of Adult institutions, OPS PREA Coordinator, SECC meets the mandate of this standard. SECC uses information from the risk assessment to make housing and bed assignments with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive. Based on information obtained during the assessment, offenders are scored as Alpha (high risk of abusiveness), Kappa (low risk of abusiveness or victimization) or Sigma (high risk of victimization). The information obtained is used by staff to make individualized determinations on how to ensure the safety of each offender. Alpha and Sigma are not housed in the same unit. Upon the offenders' arrival at SECC, all offenders are assessed for risk of sexual victimization and potential for sexual perpetration. Offenders are assigned a score of either Alpha, Kappa, or Sigma. Alpha offenders have a high potential for sexual perpetration. Kappa offenders have no risk for either victimization or perpetration. Sigma offenders have a high risk for sexual victimization. Alpha offenders in general population (Housing unit #4 and #5) at SECC are assigned to housing unit #5. During the site visit at SECC, there are no alpha offenders in general population outside of housing unit #5. Sigma offenders at SECC are assigned to housing unit #4. At Sigma offenders within the general population are assigned to housing unit #4 only. Offenders in Restrictive Housing Unit and in the privileged units are assigned to cells based on their Adult Internal Risk Assessment scores. In the Restrictive Housing Unit (H.U. #2) and in the privileged units (housing units #3 and #6), an offender classified as a sigma offender and an offender classified as an alpha are never placed in the same cell. A master list of offenders who have received violations for Forcible Sexual Misconduct is kept by the staff person who is responsible for making housing assignments.

With regard to offender programming, all mandatory programs are under direct supervision of SECC classification staff. SECC classification staff are aware of the offenders Adult Internal Risk Assessment scores and supervise these classes with this information in mind. SECC has instituted a procedure for worksite supervisors to monitor offenders for risk of victimization/perpetration.

Transgender or intersex offender's housing is considered on a case-by-case basis, placement considers the offenders health and safety, and whether the placement would present management or security problems. Interviews with staff confirmed a transgender or intersex offender's own view with respect to his or her own safety would be given consideration.

Review of Transgender Committee meeting minutes and interviews with three offenders identified as transgender, confirmed staff conduct additional detailed assessments twice a year. The offenders' own

view of the vulnerability within the general population, whether the offender require special accommodations for showering, historical overview of the offender's transgender or intersex status, adult internal risk assessment review and a review of institutional adjustment. List of any PREA allegations and investigations, review of programming assignments, health care treatment status, special accommodations or request made by the offender are noted in addition to security concerns raised by the offender or staff members, and recommendations made by the Transgender Committee are noted in the meeting minutes. Individual showers are available for all offenders. Transgender and intersex offenders are given the opportunity to shower separately from other offenders upon request. SECC does not place lesbian, gay, bisexual, transgender, or intersex offenders in a dedicated unit based solely on identification or status. There were zero offenders identified as intersex designated at SECC during the audit review period.

## **Standard 115.43: Protective Custody**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.43 (a)**

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? ☒ Yes ☐ No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? ☒ Yes ☐ No

### **115.43 (b)**

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have Access to: Programs to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have Access to: Privileges to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have Access to: Education to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have Access to: Work opportunities to the extent possible? ☒ Yes ☐ No
- If the facility restricts Access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? ☒ Yes ☐ No
- If the facility restricts Access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? ☒ Yes ☐ No

- If the facility restricts Access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? ☒ Yes ☐ No

#### 115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? ☒ Yes ☐ No
- Does such an assignment not ordinarily exceed a period of 30 days? ☒ Yes ☐ No

#### 115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety? ☒ Yes ☐ No
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? ☒ Yes ☐ No

#### 115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of MDOC Policy D1-8.13; IS21.1 Temporary Administrative Segregation Confinement and the Involuntary Segregated Housing of Protective Custody Protocol; Directive Segregated Housing for Protection; IS21-1.1 Temporary Administrative Segregation Confinement; Interviews with the Warden, Supervisor of Segregation, PREA Site Coordinator, SECC meets the mandate of this standard. The agency and SECC has policies and procedures in place that ensure offenders at high risk for sexual victimization are not placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. If an offender would be placed in

involuntary segregation housing, the offender would have a review conducted by the Shift Commander, Warden and Classification Committee. Alleged victims of offender sexual abuse or offenders viewed as being at risk of victimization should not be assigned to administrative segregation protective custody for no longer than a 30- day period. Interviewed staff indicated that if it became necessary to utilize restricted housing for this purpose, the inmate would have access to programs, privileges, education, and work opportunities to the extent possible as general population and any restrictions would be document the basis for the facility's concern for the offender's safety and the reason why no alternative means of separation be arranged. Housing of such would only be utilized as needed until other means can be made available and only until the investigation is completed.

## REPORTING

### Standard 115.51: Inmate reporting

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### 115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? ☒ Yes ☐ No

#### 115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
- Does that private entity or office allow the inmate to remain anonymous upon request? ☒ Yes ☐ No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? ☒ Yes ☐ No

#### 115.51 (c)



- Does staff Accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? ☒ Yes ☐ No
- Does staff promptly document any verbal reports of sexual abuse and sexual harassment? ☒ Yes ☐ No

#### 115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of MDOC Policies D1-8.13 and D1-8.9; Employee Handbook; Offender Handbook; PREA Posters and Brochure; SECC Coordinated Response Plan; MOU with Department of Public Safety and the PREA Hotline information, SECC meets the mandate of this standard. A variety of procedures have been established both internally and externally that allows the offenders to report sexual abuse and harassment. Offenders receive a copy of the Offender Handbook/Offender Rules during the intake process which advises them they may contact any staff member either verbally or in writing whether the alleged incident involved the reporting offender or not, call the Department's Confidential PREA Hotline, pressing "8" or dialing (573) 526-PREA (7732), write to the Missouri Department of Public Safety, Crime Victims Services Unit @ P.O. Box 49, Jefferson City, MO 65102. Confirmation of the offenders' access to the PREA Hotline was obtained during testing of the offenders' telephone system. Reports to the Missouri Department of Public Safety, Crimes Victims' Unit may be made confidentially and remain anonymous upon request. Offenders may also report allegations to third parties who in turn would contact the MDOC concerning the allegations. All allegations, including anonymous allegations, are investigated. Agency policy requires staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties. SECC does not house offenders solely for civil immigration offenses.

Staff identified several avenues in which the offenders could privately report sexual abuse/harassment that included the tips hotline, speak directly to any staff member, report to OPS Investigative staff, and/or have a family member or friend call the facility and report for them. Staff confirmed that would document all verbal reports of sexual abuse/harassment prior to departing from their shift.

Forty-eight offenders were interviewed, and all indicated they were familiar ways to report sexual abuse or harassment allegations. Offenders indicated at least two or more of the following methods of reporting: report to staff, file a grievance, have a family member or friend report for them, write the Missouri Department of Public Safety and/or anonymously. An interview with the OPS Investigator confirmed all allegations reported to include anonymous and third party are investigated in accordance to MDOC policy

and the PREA standards. An available method to reporting sexual abuse/harassment allegations for offenders is available to the public through the Agency's website at <http://doc.mo.gov/OD/PREA.php>.

## Standard 115.52: Exhaustion of administrative remedies

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.  
☐ Yes ☒ No ☐ NA

#### 115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

#### 115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

#### 115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

#### 115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

#### 115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a Substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance alleging an inmate is subject to a Substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the Substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in Substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

#### 115.52 (g)

- If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of MDOC Policy D1-8.13; Missouri Department of Corrections Department Procedural Manual, D5-3.2 Offender Grievances (MDOC Policy D5-3.2, Offender Handbook/Offender Rulebook, Interview with inmate population and Grievance Officer, SECC meets the mandate of this standard. Offenders are informed of the grievance process during orientation. This information is also included in the Offender Rulebook. Offenders are required to use any informal grievance or complaint process. Offenders do not have a time limit imposed for submitting a grievance related to an allegation of sexual abuse. Offenders will not submit a complaint to a staff member who is the subject of the complaint. Agency policies and procedures require a decision on the merit of any grievance or portion of a grievance alleging sexual abuse to be made with 90 days of filing the grievance. Staffs are required to notify the offender in writing when the agency files for an extension, including notice of the date by which a decision will be made. MDOC authorizes assistance for filing these grievances by third parties, to include other offenders, family members, friends, attorneys, and outside advocates. The Agency policies also address the offender's opportunity to file an emergency grievance alleging they are a subject to a Substantial risk of imminent sexual abuse. Under these circumstances, the agency is required to issue a response to the offender within 48 hours upon receipt of the grievance and a final decision must be issued within 5 days.

An interview was conducted with the Grievance Officer. He indicated upon him receiving a grievance alleging a PREA allegation, the grievance would immediately be forwarded for investigation by the OPS Investigators. The investigative response is required to be completed within 30 days. He confirmed he has not received any grievances alleging PREA allegations within the past 12 months of the audit.

#### Standard 115.53: Inmate Access to outside confidential support services

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### 115.53 (a)

- Does the facility provide inmates with Access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrants services agencies? ☒ Yes ☐ No
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

#### 115.53 (b)

- Does the facility inform inmates, prior to giving them Access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in Accordance with mandatory reporting laws? ☒ Yes ☐ No

#### 115.53 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse? ☒ Yes ☐ No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review D1.8.13 Offender Sexual Abuse and Harassment, PREA brochure, in the Offender Handbook/Offender Rulebook, Interviews with the PREA Site Coordinator, OPS PREA Coordinator, and List of Available National Sexual Abuse Agencies, SECC meets the mandate of this standard. Offenders are provided with addresses and phone numbers to national sexual abuse agencies at the Just Detention International 3325 Wilshire Blvd., Suite 340 Los Angeles, CA.90010

(800) 223-5001, and Rape, Abuse and Incest National Network (RAINN) 1220 L Street NW, Suite 505 Washington DC.20005 (800) 656-HOPE (4673). Letters to the aforementioned addresses are confidential and not subject to examination by staff. This information is posted throughout the facility accessible to the offender and staff population in both English and Spanish. Although the offender population did not identify organizations as such during the interview process, they were aware of the flyers posted throughout the facility. The flyers note "Per department policy, mail will be subject to examination and phone calls may be monitored."

The OPS PREA Coordinator continues to solicit community rape crisis organizations throughout the State that is willing to establish a partnership with several of the agency facilities. However, at this time, an agreement has not been established for many of the facilities to include SECC. Efforts of the OPS PREA Coordinator is documented through logs. In lieu of a local community victim advocate the Chaplain has completed victim advocate training and serves as the qualified staff member available to provide emotional support services and counseling.

## **Standard 115.54: Third-party reporting**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.54 (a)**

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? ☒ Yes ☐ No

### **Auditor Overall Compliance Determination**

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with a review of MDOC Policy D1-8.13, third party reporting posters and the MDOC PREA Policy Web Page (<http://www.doc.mo.gov/OD/PREA/PREA.php.html>) were reviewed and meets the mandate of this standard. The PREA link on the website provides information on third party reporting of alleged PREA incidents. The information on the web site encourages third parties to report allegations to call 573-526-9003; write PREA Unit Missouri Department of Corrections 2728 Plaza Drive Jefferson City, MO 65109 and/or Emailing DOC.PREA@doc.mo.gov. This information is included in the PREA brochures which are provided to each offender. Interviews with random staff and random offenders confirmed allegations of sexual abuse and/or sexual harassment of offenders could be reported by third party to include family, friends and other associates.

## OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

### Standard 115.61: Staff and agency reporting duties

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### 115.61 (a)

- Does the agency require all staff to report immediately and According to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and According to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and According to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?. ☒ Yes ☐ No

#### 115.61 (b)

- Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? ☒ Yes ☐ No

#### 115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? ☒ Yes ☐ No



#### 115.61 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? ☒ Yes ☐ No

#### 115.61 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third party and anonymous reports, to the facility's designated investigators? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.13 Offender Sexual Abuse and Harassment; Coordinate Response for Southeast Correctional Center; Examples of Third Party Reports and Anonymously Reported PREA Allegations; IS11-32 Receiving Screening-Intake Center (MDOC Policy IS11-32); Chapter 217 and 630 of the MDOC Revised Statutes, SECC Coordinated Response Plan, Interviews with Medical and Mental Health Staff, SECC meets the mandate of this standard. In accordance with policy, informal and formal interviews with random and specialized staff, all were aware of their responsibility to immediately report and document any knowledge or suspicion of violation of this standard to include those by third party and/or anonymous to their immediate supervisor, Shift Commander or higher-ranking staff. Failure to report offender sexual abuse is a Class A Misdemeanor. All staff, volunteers, and contractors are to immediately report any knowledge, suspicion, or information regarding an incident of sexual of sexual abuse/harassment that occurred and any knowledge of retaliation against offenders or staff who reported such an incident and any staff member's neglect or violation of responsibilities that may have contributed to an incident or retaliation in reference to cooperating with the investigation. Those staff interviewed, indicated they would report all knowledge of PREA allegations on any and all staff without consideration of another's supervisory position or relationship with a co-worker.

Staff were knowledgeable of the agency's policy that prohibits them from discussing information related to sexual abuse reports with anyone other than those to the extent necessary such as those who perform medical and mental health treatment, conduct investigations, and other security and management decisions.

Policy is in place to ensure unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners are required to report sexual abuse pursuant to the first paragraph of this section and to inform offenders of the practitioner's duty to report and the limitations of confidentiality at the initiation of services. Interviews with the Chief Mental Health Administrator, SANE Nurse, and Health Services Administrator, each advise the offender at the initiation of services in their limitations of confidentiality and their duty to report. Staff reported they are required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to a designated supervisor or official immediately upon learning of it. SECC does not house any offenders under the age of 18.

## Standard 115.62: Agency protection duties

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.62 (a)

- When the agency learns that an inmate is subject to a Substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.13 Offender Sexual Abuse and Harassment; Directive Segregated Housing for Protective Custody, Interviews with the Warden, Deputy Warden/PREA Site Coordinator and Staff who Supervise Segregated Housing, SECC meets the mandate of this standard. The agency has policies and procedures in place in where staff are trained to ensure that upon their awareness an offender is subject to a substantial risk of imminent sexual abuse, immediate actions are taken to protect the offender. Per interviews with the Warden and Deputy Warden/PREA Site Coordinator each case is evaluated on a case by case basis and an offender would not be placed in segregated housing unless there were no available alternative means until other steps can be taken. An offender housing and job assignments could be changed and/or one of the offenders could be transferred based on the nature of the reported allegation and the potential harm to the offender identified at risk of imminent sexual abuse.

The auditors presented a variety of scenarios to random staff for response to the actions they would take upon becoming aware that an offender is subject to a substantial risk of imminent sexual abuse. Every staff member interviewed confirmed they would immediately remove the offender from the area of threat and notify their security supervisor and await further guidance. Staff confirmed under no circumstances

would they not take immediate actions of removing the offender under such conditions. During the past 12 months of the audit there were zero instances of offenders placed in involuntary segregated housing.

## Standard 115.63: Reporting to other confinement facilities

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.63 (a)

- Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? ☒ Yes ☐ No

#### 115.63 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? ☒ Yes ☐ No

#### 115.63 (c)

- Does the agency document that it has provided such notification? ☒ Yes ☐ No

#### 115.63 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in Accordance with these standards? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of MDOC Policy D1-8.13 Offender Sexual Abuse and Harassment, Review of the PREA Allegation Notification Checklist Institution, Review of Investigative Files, Interview with the Warden, OPS PREA Coordinator, and PREA Site Coordinator, SECC meets the mandate of this standard. MDOC policy require upon receiving information that an offender has been sexually abused while assigned at another correctional facility, the coordinated response for offenders' sexual abuse will be immediately initiated. If the alleged abuse occurred at a facility outside the department, the notification checklist will be forwarded to the department's PREA Coordinator. The PREA Coordinator will ensure notification to the facility is made with 72 hours. The PREA Site Coordinator documents the notification made. During the past 12 months of the audit, SECC received two (2) PREA allegations which was

alleged to have occurred while the offenders were previously designated to SECC. One of the incidents were alleged was reported on May 30, 2018 and was alleged to have occurred in 2007. The second allegation of sexual abuse was reported on October 4, 2018 and alleged to have occurred in 2006 and 2007. The electronically documented PREA Allegation Checklist forms confirmed notification was made within 8 hours of the reported incident. All allegations were reported to the OPS PREA Unit for investigation.

SECC received zero reports from offenders of sexual abuse allegations having occurred at other correctional facilities.

## **Standard 115.64: Staff first responder duties**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.64 (a)**

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser? ☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? ☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

#### **115.64 (b)**

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? ☒ Yes ☐ No

### **Auditor Overall Compliance Determination**

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.13 Sexual Abuse and Sexual Harassment; Prison Rape Elimination Act (PREA) - MDOC Basic Training Section of First Responder; Copies of PREA Allegation Notification Checklist- Institution; SECC Coordinated Response Protocol; Interviews with Supervisory Staff, Random Staff, Warden, and PREA Site Coordinator, SECC meets the mandate of this standard. Policies are in place to ensure upon learning of an allegation that an offender was sexually abused, the first staff member to respond to the report shall be required to: 1) separate the alleged victim and abuser; 2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; 3) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any action that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and 4) If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating defecating, smoking, drinking or eating.

In the past 12 months there were 29 allegations of sexual abuse were received at SECC. These allegations also included alleged touching to include by staff during the performance of pat searches, allegations of penetration and non-penetration and delayed reporting. Both security staff and non-security are trained to serve as first responders to allegations of sexual abuse. Security staff and non-security staff interviewed confirmed their understanding of the agency' Coordinated Response Protocol and their understanding in acting as a first responder. The auditors introduced different scenarios to staff during the interview process that allowed staff to respond to different events in which they could serve as a first responder. All staff to include security and non-security articulated the response protocol duties as noted in policy while notifying the Shift Commander and their immediate supervisor. Security staff and non-security staff are issued PREA cards to utilize as a reference when serving as a first responder. Staff maintained possession of these cards and presented them to the auditors during the interview process.

An interview was conducted with a security staff first responder. He described the actions taken by as the first responder while in the food service department. He immediately followed the first responder protocol and notified his Supervisor. The incident was reported to have occurred 1 ½ hours prior to the alleged victim reporting the allegation of sexual abuse. The incident was reported during the feeding of the evening meal which interfered with the desired collection of physical evidence. The investigation is in the pending process.

## Standard 115.65: Coordinated response

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### 115.65 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with a review of Directive D1-8.13 Offender Sexual Abuse and Harassment; PREA Allegation Notification Checklist – Institution; Coordinated Response for SECC; Interviews with Random and Specialized Staff, Warden, PREA Site Coordinator, OPS PREA Coordinator, SECC meets the mandate of this standard. The PREA Coordinated Response Plan coordinates the actions taken in response to an incident of sexual abuse among first responders, security, facility leadership, and victim advocate. Staff first responders, medical and mental health practitioners, investigators, and facility leadership have designated roles. The Protocol list provides guidance for the reporting of various allegations that include: Definitions; Basic Roles & Responsibilities; Penetration/ Sexual assault Exam; Penetration/ No Sexual assault Exam; Non-penetration Events; Penetration Events; Sexual Harassment; Exceptions and Resources.

### Standard 115.66: Preservation of ability to protect inmates from contact with abusers

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

##### 115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? ☒ Yes ☐ No

##### 115.66 (b)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D2-11.6 Labor Organizations; Final Agreement between The State of Missouri Office of Administration, The Department of Corrections Division of Adult Institutions, and Missouri Correctional Officer Association (MOCOA), and Interviews with the Warden, OPS PREA Coordinator, PREA Site Coordinator, SECC meets the mandate of this standard. MDOC currently does not have a Union. MDOC will not enter into or renew any collective bargaining agreements or other agreements that limit the department's ability to remove alleged staff sexual abusers from contact with any offender or offender pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. The facility can remove alleged staff sexual abusers from contact with any offenders or place an employee on administrative leave pending the outcome of an investigation and is compliant with this standard.

## **Standard 115.67: Agency protection against retaliation**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.67 (a)**

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? ☒ Yes ☐ No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

### **115.67 (b)**

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? ☒ Yes ☐ No

### **115.67 (c)**

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No



- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? ☒ Yes ☐ No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

#### 115.67 (d)

- In the case of inmates, does such monitoring also include periodic status checks? ☒ Yes ☐ No

#### 115.67 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation? ☒ Yes ☐ No

#### 115.67 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.13 Offender Sexual Abuse and Sexual Harassment, Assessment/Retaliation Status Checklist, Interviews with Director of Adult Institutions, Staff Assigned to Monitor Retaliation, and Warden, SECC meets the mandate of this standard. The Functional Unit Managers are assigned to conduct retaliation monitoring for offenders who are assigned to their respective housing unit. The PREA Site Coordinator is assigned to conduct staff retaliation monitoring. Interviews with staff assigned to monitor retaliation confirmed the initiation of monitoring begins after the allegation has been reported. After the initial contact, emotionally support services and monitoring is continued 30 days from the initial contact, followed by 60 days and 90 days. A multiple of protection measures are made following any retaliation claims that includes gathering evidence to confirm or rebuke the claims. If deemed necessary, staff will be temporarily reassigned, or the offender will be moved to another housing location. Offenders are monitored for housing changes, program changes, disciplinary reports, and negative performance reviews by staff, treatment of offenders who reported the sexual abuse to see if there are changes that may suggest retaliation by offenders or staff. If the victim expresses fear of retaliation, monitoring will continue for an additional 90 day period or until the victim or reporter is no longer in fear of retaliation or if the investigation or inquiry is unfounded.

Except in instances where the agency determines that a report of sexual abuse is unfounded. Retaliation monitoring was properly documented by the assigned Retaliation Monitor and ended eat the point when the threat of retaliation no longer existed. Staff documented meeting dates with offenders and conversation held while addressing any concerns the offender may have had on the Assessment/Retaliation Status Checklist.

An interview with the Warden confirmed staff would be offered assistance from the Employee Assistance Program, PEER Program, other available resources in addition to meeting personally with the staff member.

There were zero staff that required retaliation monitoring during the past 12 months of the audit and there were zero substantiated cases of retaliation determined.

## Standard 115.68: Post-allegation protective custody

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### 115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.13 Offender Sexual Abuse and Sexual Harassment; Directive Segregated Housing for Protection; ion IS21.1 Temporary Administrative Segregation Confinement and the Involuntary Segregated Housing of Protective Custody Protocol, Interviews with Staff assigned to Supervise Segregated Housing, and Warden, SECC meets the mandate of this standard. The agency has policies and procedures in place that offenders at high risk for sexual victimization are not placed in involuntary segregated housing unless an assessment of all available alternatives is available. If an offender would be placed in involuntary segregation housing, the offender would have a review conducted by the Shift Commander, Warden and Classification Committee. Alleged victims of sexual abuse or offenders viewed as being at risk of victimization should not be assigned to administrative segregation protective custody for no longer than a 30-day period. Per an interview with the Warden, zero offenders have been placed in segregation. The only time an alleged victim or offender at high risk of sexual victimization would go to administrative segregation is if he is already in segregation. A protective custody unit is available and would be used if the alleged victim could not identify the alleged abuser or threat.

## INVESTIGATIONS

### Standard 115.71: Criminal and administrative agency investigations

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### 115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

#### 115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? ☒ Yes ☐ No

#### 115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☒ Yes ☐ No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?..  
☒ Yes ☐ No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ☒ Yes ☐ No

#### 115.71 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? ☒ Yes ☐ No

#### 115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? ☒ Yes ☐ No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? ☒ Yes ☐ No

#### 115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? ☒ Yes ☐ No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? ☒ Yes ☐ No

#### 115.71 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? ☒ Yes ☐ No

#### 115.71 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?  
☒ Yes ☐ No

#### 115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? ☒ Yes ☐ No

#### 115.71 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? ☒ Yes ☐ No

#### 115.71 (k)

- Auditor is not required to audit this provision.

#### 115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with a review of Directive D1-8.1 Office of Professional Standards; OPS Investigative Staff Training Records, Reported Allegation of Sexual Abuse; Agency Record Retention Schedule; port of Interviews with Director of Adult Institutions, OPS PREA Coordinator, OPS Investigator, Facility Investigator and Warden, Review of Investigative Files, SECC meets the mandate of this standard. A computer-generated roster documented completed specialized training of all OPS Investigators who are authorized to conduct administrative and criminal investigations of sexual harassment and sexual abuse within MDOC. A facility investigator is assigned to conduct administrative sexual harassment allegations. The PREA Unit in the Offender of Professional Standards conducts all offender sexual abuse investigations. Sexual harassment and allegations involving searches are conducted by trained institutional investigators. When an investigator believes there is probable cause that a criminal act has been committed, the investigator conducting the investigation shall notify the Chief Administrative Officer (CAO), who will determine whether law enforcement should be contacted to complete the investigation. If law enforcement declines to investigate the incident, the OPS Investigators complete the investigation and processing of the incident. If the investigation determines that a criminal act has occurred, the CAO then refers the incident to the appropriate prosecutor's office. In cases where the investigations are conducted by the PREA Unit, OPS Investigators notifies the OPS Director who will review the incident for possible referral to the prosecuting attorney or an outside law enforcement

agency. Under circumstances of employee related cases, the OPS Investigators notify the OPS director who reviews the incident for possible referral to the prosecuting attorney or an outside law enforcement agency. The OPS Investigators maintain an open line of communication with investigators from outside agencies while providing additional support as needed. The auditors randomly selected 15 completed investigative files for review that included a variety of substantiated, unsubstantiated, and unfounded findings. An interview with the OPS Investigator and review of the investigative files confirmed the collection of evidence to support the finding of each investigation. The investigations were thorough and the investigative files contained interviews with alleged victims, suspected perpetrators, and witnesses, any available physical evidence, video monitoring, pictures, background of both the alleged victim and alleged perpetrator, whether staff actions or failure to act contributed to the abuse, review of prior complaints of sexual abuse involving the suspected perpetrator. The credibility of an alleged victim, suspect, or witness is assessed on an individual basis and not determined by the person's status as an offender or staff. Offenders who allege sexual abuse are not required to submit to a polygraph examination or other truth telling device as a condition for proceeding with the investigation of such an allegation. Additionally, the departure of the alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation. All investigative files are retained for 90 years.

Seventy allegations of sexual abuse and sexual harassment were referred for investigation by the OPS PREA Unit Investigators. Fifty-one allegations resulted in an administrative investigation and 19 were referred for criminal investigations by the OPS Investigators. The allegations and findings were identified as the following:

Eleven offenders on offender sexual abuse allegations reported. Zero were determined as Substantiated. Two were determined to be Unsubstantiated. Six was determined Unfounded and four remained pending.

Ten staff on offender sexual abuse: Zero was determined as Substantiated. Two were determined Unsubstantiated. Five were determined Unfounded and three remained pending.

Twelve offenders on offender sexual harassment were reported. One was determined as Substantiated, two were determined Unsubstantiated and nine remained pending.

Thirty-seven staff on offender harassment was reported. 28 was determined Unsubstantiated. Three were determined Unfounded and 12 remained pending.

## **Standard 115.72: Evidentiary standard for administrative investigations**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report 115.72 (a)**

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? ☒ Yes ☐ No

### **Auditor Overall Compliance Determination**

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with MDOC Policy D1-8.13 Offender Sexual Abuse and Sexual Harassment, and interview with the OPS Investigator, the agency imposes no standard higher than a preponderance of the evidence whether allegations of sexual abuse or sexual harassment are substantiated. SECC meets the mandate of this standard

### Standard 115.73: Reporting to inmates

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### 115.73 (a)

- Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? ☒ Yes ☐ No

#### 115.73 (b)

- If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) ☐ Yes ☐ No ☒ NA

#### 115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer posted within the inmate's unit? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer employed at the facility? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? ☒ Yes ☐ No



- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

#### 115.73 (d)

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No
- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

#### 115.73 (e)

- Does the agency document all such notifications or attempted notifications? ☒ Yes ☐ No

#### 115.73 (f)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review MDOC Policy D1-8.13; Review of Completed Investigation Files; PREA Alleged Sexual Abuse By Staff Member Notifications; PREA Alleged Sexual Abuse By Offender Notifications; and Interviews with Warden, OPS Investigator, PREA Site Coordinator, OPSP PREA Coordinator, SECC meet the requirements of this standard. Procedures are in place to notify the offender upon closure of the investigation the determined findings of substantiated, unsubstantiated, or unfounded sexual abuse investigations. The OPS Investigator (PREA Unit) provides notification to each MDOC facility of their investigative findings. The PREA Unit is tasked with drafting the offender notification letters within 30 days from the date an investigation is closed. The notification letter is forwarded to the site coordinator at the facility where the offender is housed. The PREA Site

Coordinator/designee meets with the offender, has the offender sign the notification and offers a copy to the offender. The PREA Site Coordinator then returns the signed notification to the PREA Unit to be maintained within the official investigative file.

The PREA Site Coordinator has designated the Functional Unit Manager to deliver the notification to offenders assigned to their housing unit. All notifications are in writing, documented and signed by the offender and staff issuing the findings. Offenders are not discipline for refusing to sign. In the event that the investigation was conducted by an outside agency, the OPS PREA Unit will request relevant information from the outside agency in order to inform the offender of the outcome of the investigation. However, there were zero investigations completed by an outside agency.

## **Standard 115.76: Disciplinary sanctions for staff**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.76 (a)**

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? ☒ Yes ☐ No

#### **115.76 (b)**

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? ☒ Yes ☐ No

#### **115.76 (c)**

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? ☒ Yes ☐ No

#### **115.76 (d)**

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? ☒ Yes ☐ No

### **Auditor Overall Compliance Determination**

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of MDOC Policies D1-8.13 Offender Sexual Abuse and Sexual Harassment; D2-11.10 Staff Member Conduct: DORS PREA Log for Staff and Contract Staff; Review of Completed Investigative Files, Interviews with OPS PREA Coordinator, PREA Site Coordinator, SECC meets the mandate of this standard. Policy address disciplinary sanctions of employees up to removal for PREA related issues. Staff members are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse/harassment procedures. Termination from the agency will be the presumptive disciplinary action for staff members who have engaged in sexual abuse. All termination for violations or the resignation of a staff member, who would have been terminated if not for their resignation, will be reported to relevant licensing or accreditation bodies and law enforcement. Per Warden, staff would be placed on no contact with offenders until cleared by the OPS Investigators. Staff interviews revealed an awareness of the agency's zero tolerance policy and disciplinary procedures that pertains to sexual abuse and sexual harassment. There were zero staff who was discipline or terminated for violation of agency zero tolerance of sexual abuse and sexual harassment.

## Standard 115.77: Corrective action for contractors and volunteers

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### 115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? ☒ Yes ☐ No

### 115.77 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates? ☒ Yes ☐ No

**Auditor Overall Compliance Determination**

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.13 Offender Sexual Abuse and Sexual Harassment and D2-13.1 Volunteers, Interviews with Contract Staff, Volunteers, and Warden, SECC meets the mandate of this standard. MDOC has a zero-tolerance involving sexual abuse and sexual harassment of offenders by contractors and volunteers. The policies outline criminal actions taken in the event a volunteer or contractor sexual abuses or participates in sexual harassment. These policies also require that contractors or volunteers who commit the prohibited act of engaging in sexual abuse are reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Per the Warden and investigation would be conducted and their entry would be terminated until the conclusion of the investigation and they are cleared by the OPS investigator. If an investigation is determined to be substantiated, they would be terminated and not allowed back in the facility. Interviews were conducted with two (2) volunteers and three (4) contractors, all were aware of the policies as outlined. SECC reported there were zero incidents reported of volunteers and/or contractors that engaged in sexual abuse of an offender since the past twelve months.

## Standard 115.78: Disciplinary sanctions for inmates

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### 115.78 (a)

- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process? ☒ Yes ☐ No

### 115.78 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories? ☒ Yes ☐ No

### 115.78 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior? ☒ Yes ☐ No

### 115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of Access to programming and other benefits? ☒ Yes ☐ No

#### 115.78 (e)

- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact? ☒ Yes ☐ No

#### 115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? ☒ Yes ☐ No

#### 115.78 (g)

- Does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.) ☒ Yes. ☐ No. ☐ NA

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with a review of Directive D1-8.13 Offender Sexual Abuse and Harassment SOP 19-1.1 Conduct Rules & Sanctions; Directive – Disciplinary Sanctions and Mental Health; IS19-1.1 Conduct Rules & Sanctions; PREA Violations Tracking Report it is determined SECC meets the mandate of this standard. The listed policies outline disciplinary sanctions that may be imposed on offenders who engage in sexual abuse and sexual harassment. Offenders are subject to discipline internally for inmate on inmate sexual abuse. Inmates are only disciplined for sexual relations with staff in cases where it is determined to be without consent from staff. All acts of sexual activities between offenders are prohibited and offenders determined to have committed this act will receive discipline, but only under the findings that the act was not coerced by staff or other offenders. Disabilities and mental illness factors contributing to the acts of a offender's participation in sexual activities will be considered during the discipline process.

An offender reporting an allegation of sexual abuse in good faith, in which the finding was determined not to be substantiated, will not receive discipline for making the report. If an offender is found to be guilty of sexual abuse, the offender will be referred to appropriate treatment (therapy, counseling) by mental health staff members, as available, in accordance with divisional and institutional services procedures regarding conduct violations and disciplinary sanctions. In the past twelve months, SECC reported one (1) substantiated incident of offender on offender sexual harassment. The offender was referred to administrative segregation. There were zero findings of Substantiated allegations concluded for sexual abuse.

An interview with the Chief Mental Health confirmed the facility does not have any group sections, but counseling or other interventions could be designed to address and correct underlying reason or motivations for the abuse. However, the offender would not be required to participate in such interventions as a condition for access to programming and other benefits.

## MEDICAL AND MENTAL CARE

### Standard 115.81: Medical and mental health screenings; history of sexual abuse

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### 115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) ☒ Yes  
☐ No ☐ NA

#### 115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) ☒ Yes ☐ No ☐ NA

#### 115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? ☒ Yes ☐ No

#### 115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?  
☒ Yes ☐ No

#### 115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of IS11-32 Receiving Screening- Intake Center; MDOC PRE Risk Manuel; Mental Health Log; Informed Consent for Mental Health Treatment Services; D1-8.13 Offender Sexual Abuse and Sexual Harassment; IS11-32 and Corizon Health Contractual Requirements, SECC meet the requirement of this standard. Offenders at SECC are offered follow up meetings with medical or mental health professionals if they disclosed any prior sexual victimization. This is also offered to offenders who have previously perpetrated sexual abuse. SOP DI-8.13 Offender Sexual Abuse and Harassment, page 10, Section III (C) (5) states, "If the screening indicates that an offender has experienced prior sexual victimization, whether it occurred in a correctional setting or in the community, staff members shall ensure that the offender is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. If the screening indicates that an offender has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff members shall ensure that the offender is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. Medical and mental health practitioners and documentation confirmed they obtain informed consent from offenders at the initiation of providing services to offender regards reporting information about prior sexual victimization that did not occur in an institutional setting.

IS11-32 Receiving Screening – Intake Center, pages 4 -5, Section III (B) states, if during the screening, the offender reports being sexually abused within the last 72 hours or if a forensic exam is deemed medically necessary, the coordinated response to offender sexual abuse will be initiated in accordance with departmental procedures regarding offender sexual abuse and harassment. If the screening indicates the offender has experienced prior sexual victimization and a forensic exam is not deemed medically necessary, the coordinated response protocol will not be initiated, and the offender will be offered a follow-up meeting with a medical and/or mental health practitioner within 14 days of the intake screening. If the screening indicates the offender has previously perpetrated sexual abuse, whether it



occurred in an institutional setting or in the community, staff members shall ensure that the offender is offered a follow-up meeting with a qualified mental health practitioner within 14 days of the intake screening. Policy mandates that all information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff, as necessary, to allow for informed decisions for treatment plans, security and management decisions. Health services staff confirmed an informed consent is obtained from offenders in accordance with institutional services regarding informed consent at the initiation of services before reporting information about prior sexual victimization that did not occur in an institutional setting.

## **Standard 115.82: Access to emergency medical and mental health services**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.82 (a)**

- Do inmate victims of sexual abuse receive timely, unimpeded Access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners According to their professional judgment? ☒ Yes ☐ No

#### **115.82 (b)**

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? ☒ Yes ☐ No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

#### **115.82 (c)**

- Are inmate victims of sexual abuse offered timely information about and timely Access to emergency contraception and sexually transmitted infections prophylaxis, in Accordance with professionally Accepted standards of care, where medically appropriate? ☒ Yes ☐ No

#### **115.82 (d)**

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? ☒ Yes ☐ No

### **Auditor Overall Compliance Determination**

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** *(Requires Corrective Action)*

In accordance with the review of D1-8.13 Sexual Abuse and Sexual Harassment; Sexual Assault Allegation Notification Form; SECC Coordinated Response Protocol; Mental Health Log; Corizon Health Contractual Requirements; Sexual Assault Nursing Protocol; Skills Competency Sexual Assault Nurse Examine; SANE-SART Online Clinical Lesson Plan, Medical Referrals Documentation were reviewed and address the requirement of this standard. Policies are in place to ensure offender victims of sexual abuse receive timely unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. Emergency medical treatment is provided at the facility. Per the Regional Director of Nursing with Corizon Health nursing protocols are available to guide the nurses in the event of a reported sexual assault. Two protocols are in place, one is used when the report is received and another when the patient completes the forensic examination. The providers use their professional and clinical judgment to determine if and what prophylaxis is indicated. Corizon, the Department's medical provider, has certified Sexual Assault Nurse Examiners. These nurses are on a rotation schedule by region. A SANE Nurse is employed at SECC and is notified by the Shift Commander of all allegations of sexual abuse and is required to report to the facility within four hours. Forensic medical examination involving offender on offender are conducted at SECC. Forensic medical examinations involving staff on offender are conducted Southeast Health 1701 Lacey Street, Cape Girardeau, MO.

All security and non-security first responders are required to immediately make notification of sexual abuse allegations to a security supervisor/shift commander. The shift commander is responsible for making all notifications to include the Health Service Administrator and Chief of Mental Health. Medical and mental health staff maintain secondary materials (e.g., form, notes) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided the appropriate response by medical staff who provides 24 hours coverage, and the provision of appropriate and timely information and services concerning sexually transmitted infection prophylaxis. Treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

## **Standard 115.83: Ongoing medical and mental health care for sexual abuse victims and abusers**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.83 (a)**

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? ☒ Yes ☐ No

#### **115.83 (b)**

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? ☒ Yes ☐ No

**115.83 (c)**

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? ☒ Yes ☐ No

**115.83 (d)**

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) ☐ Yes ☐ No ☒ NA

**115.83 (e)**

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely Access to all lawful pregnancy related medical services? (N/A if all-male facility.) ☐ Yes ☐ No ☒ NA

**115.83 (f)**

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? ☒ Yes ☐ No

**115.83 (g)**

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? ☒ Yes ☐ No

**115.83 (h)**

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail. ☒ Yes ☐ No ☐ NA

**Auditor Overall Compliance Determination**

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.13 Sexual Abuse and Sexual Harassment; SECC Coordinated Response Protocol and Corizon Health Contractual Requirements meet the requirement of this standard. Policies are in place to offer medical and mental health evaluation and, as appropriate, treatment to all offenders who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. SECC is a male correctional facility and does not house female offenders. Review of files indicates that the evaluation and treatment is offered and documented per policy. The evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody; the facility provides such victims with medical and mental health services consistent with the community level of care and offender victims of sexual abuse while incarcerated are offered test for sexually transmitted infections as medically appropriate. Treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Medical care is available 24 hours and mental health staff are on call 24 hours and can report to the facility within two hours. SECC reported zero

SECC has not had a substantiated investigation where offender was found guilty of offender's sexual abuse that were referred and seen by mental health within 60 days.

## DATA COLLECTION AND REVIEW

### Standard 115.86: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? ☒ Yes ☐ No

#### 115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? ☒ Yes ☐ No

#### 115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? ☒ Yes ☐ No

#### 115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? ☒ Yes ☐ No

- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☒ Yes ☐ No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? ☒ Yes ☐ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance Coordinator? ☒ Yes ☐ No

#### 115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.13 Sexual Abuse and Sexual Harassment; PREA Sexual Abuse Debriefing Reports, Interviews with a Member of the Incident Review Team/PREA Site Coordinator and Warden, SECC meets the mandate of this standard. MDOC policy requires a sexual abuse incident review must be conducted within 30 days of the conclusion of investigations, unless the allegation is determined to be unfounded. There were four sexual abuse investigations in which the findings were determined as Unsubstantiated. These debriefing were reviewed by the auditors. The review team included upper-level management officials, investigators, and medical or mental health practitioners, with input from line supervisors. The final review is submitted to the OPS PREA Coordinator, CAO, and Assistant Division Director. The Debriefing included all measures of this standard during the review process. Interview with the Warden indicated the facility would implement recommendations that result from the review or document the reasons for not making the implementations. However, there were zero recommendation made for improvement for neither of the four debriefings completed. A sexual abuse incident debriefing is not required on offender sexual harassment investigations or inquiries or if the investigation or inquiry is determined to be unfounded. The debriefings included the name of the victim, assailant, staff members involved in the briefing, date and time of the incident, what occurred, location of the incident, housing information, was the allegation motivated by race, ethnicity or sexual orientation, information on the coordinated response, information retaining to a forensic exam when applicable, mental health consultation. This information is also included in the facility's annual report.

## **Standard 115.87: Data collection**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.87 (a)**

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? ☒ Yes ☐ No

#### **115.87 (b)**

- Does the agency aggregate the incident-based sexual abuse data at least annually? ☒ Yes ☐ No

#### **115.87 (c)**

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? ☒ Yes ☐ No

#### **115.87 (d)**

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? ☒ Yes ☐ No

#### **115.87 (e)**

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) ☒ Yes ☐ No. ☐ NA

### 115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) ☒  
Yes ☐ No ☐ NA

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of D1-8.13 Offender Sexual Abuse and Sexual Harassment; Incident Data for 2017 and 2018, Data by fiscal year 2014, 2015, and 2016; Survey of Sexual Violence Summary Report 2016; Interviews with the Director of Adult Correctional Institutions, Warden and OPS PREA Coordinator SECC meets the mandate of this standard. Data needed to complete the annual Survey of Sexual Violence is collected in the Corrections Information Network [COIN] system. Policy D1-8.13 Offender Sexual Abuse and Harassment states, "Each facility shall utilize information from the offender sexual abuse debriefings to prepare an annual report to be submitted to the department's PREA coordinator by the last working day in March.

The report includes: 1) identified problem areas, 2) recommendations for improvement, 3) corrective action taken, 4) if recommendations for improvements were not implemented, reasons for not doing so, 5) a comparison of the current year's data and corrective actions with those from prior years, and an assessment of the facility's progress in address sexual abuse, 6) an evaluation of the need for camera and monitoring systems, 7) in consultation with the PREA site coordinator; assessment determination, and documentation of whether adjustments are needed to the staffing plan, the deployment of video monitoring and the resource availability to adhere to the staff plan. The yearly report is submitted to the Division Director and the OPS PREA Coordinator no later than the last working day in March. The PREA coordinator shall prepare an annual report compiling each facility's current year's data and corrective actions. The report shall include a comparison with prior year's data, corrective actions, and an assessment of the department's progress in addressing offender sexual abuse. The report shall be forwarded to the department director for approval by the last working day in May."

The MDOC PREA Annual Report is published on the MDOC website at <https://doc.mo.gov/programs/PREA/>. The report contains information on the progress the agency has made in the PREA program, a trend analysis of all investigations in the state and correction actions for each facility. The data is collected monthly and reported annually.

### Standard 115.88: Data review for corrective action

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report



#### 115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? ☒ Yes ☐ No

#### 115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse ☒ Yes ☐ No

#### 115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? ☒ Yes ☐ No
- 

#### 115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of MDOC Policy D1-8.13 and the PREA Annual Reports posted on the Agency's website were reviewed and meet the requirement of this standard. The agency's policy requires the PREA Analyst to prepare and aggregate data collected throughout the agency. Each year an annual report is prepared that includes all identified noted problems within each facility while applying corrective actions for each area identified throughout the agency as a whole. The annual report includes a comparison of the current year's data and corrective actions with prior years and provides an assessment of progress in addressing sexual abuse. The Chief Administrative Officer, OPS PREA Coordinator or Agency Director edits specific material from the reports when publication would present clear and specific threat to the safety and security of a facility. The Chief Administrative Officer or designee PREA Coordinator indicates the nature of the material edited. A review of the annual reports confirmed no personal identifiers are included in the report prior to publishing on the agency website. The MDOC Annual Report on Sexual Victimization is posted on the Agency's website and available for review at <http://www.doc.mo.gov/OD/PREA.php>.

## Standard 115.89: Data storage, publication, and destruction

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained? ☒ Yes.  
☐ No

#### 115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? ☒ Yes ☐ No

#### 115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? ☒ Yes ☐ No

#### 115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of MDOC Policy D1-8.13; PREA Annual Report and the Agency's PREA Website, the agency meets the mandate of this standard. MDOC policy requires the agency to prepare an annual report. Problem areas of concern and corrective actions are included in the annual reports for each facility throughout the Agency. A comparison of the current year's data and corrective actions with those from prior years and provides an assessment of progress in addressing sexual abuse. MDOC data is retained for at least 90 years and is secured by Office of Professional Standards and PREA Analyst. The Agency ensures all personal identifiers are removed before publishing the reports. The annual report is posted on the MDOC website at <http://www.doc.mo.gov/OD/PREA.php> for review by the public. A review of the agency's website confirmed PREA Annual Reports were posted from 2010 through 2016. No identifiable markers were noted in the reports.

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### 115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) ☐ Yes ☒ No

#### 115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) ☐ Yes ☒ No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the second year of the current audit cycle.) ☐ Yes ☐ No ☒ NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency,

were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) ☒ Yes ☐ No ☐ NA

#### 115.401 (h)

- Did the auditor have Access to, and the ability to observe, all areas of the audited facility? ☒ Yes ☐ No

#### 115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? ☒ Yes ☐ No

#### 115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, offenders, and detainees? ☒ Yes ☐ No

#### 115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? ☒ Yes. ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

The auditors reviewed the MDOC web page at <https://doc.mo.gov/programs/PREA/PREA-audits/2018> containing the audit reports for PREA audits completed. The auditors verified that MDOC since beginning in audit year 3 of cycle 1, has ensured that at least one-third of each facility type operated by the Agency was and/or is scheduled to be audited

The auditors were granted access to all areas of the facility and the ability to observe practices and procedures of staff and the offender population during the site visit. There was no hesitation in the receipt of requested documentation and copies requested by the auditors. The response from the PREA SITE Coordinator, OPS PREA Coordinator and Office Support Staff was superb. The auditors were provided separate private office space to both inmate and staff interviews in a private setting.

The auditors received three (3) correspondences from the offender population. Each of the offenders were interviewed. An interview the mail room staff indicated the mail addressed to auditors as treated in the manner of legal mail.

## Standard 115.403: Audit contents and findings

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued). ☒ Yes ☐ No ☐ NA

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

The MDOC website <http://www.doc.mo.gov/OD/PREA.php> confirms that the agency ensures that all previous PREA Final Reports from the correctional facilities within its jurisdiction are published on the Agency's website within 90 days after the final report is issued by the auditor. MDOC meets the requirement of this standard.

## AUDITOR CERTIFICATION

I certify that:

- ☒ The contents of this report are accurate to the best of my knowledge.
- ☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- ☒ I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Debra D. Dawson

June 29, 2019

**Auditor Signature**

**Date**

# Prison Rape Elimination Act (PREA) Audit Report Community Confinement Facilities

☐ Interim ☒ Final

Date of Report

## Auditor Information

Name: Darren Bryant	Email: dbryant357@msn.com
Company Name: 3D PREA Consulting	
Mailing Address: P.O. Box 5825	City, State, Zip: Greenwood, FL 32443
Telephone: 321 331 7072	Date of Facility Visit: June 27-28

## Agency Information

Name of Agency:		Governing Authority or Parent Agency (If Applicable):	
Missouri Department of Corrections		Missouri Department of Corrections	
Physical Address: 2729 Plaza Drive		City, State, Zip: Jefferson City, MO. 65102	
Mailing Address: 2729 Plaza Drive		City, State, Zip: Jefferson City, MO. 65102	
Telephone: 573 526 6607		Is Agency accredited by any organization? <input type="checkbox"/> Yes <input type="checkbox"/> No	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Agency mission: Improving Lives for Safer Communities			
Agency Website with PREA Information: <a href="http://www.doc.mo.gov/PREA.php">www.doc.mo.gov/PREA.php</a>			

## Agency Chief Executive Officer

Name: Anne L. Precythe	Title: Director
Email: anne.precythe@doc.mo.gov	Telephone: 573 526 6607

## Agency-Wide PREA Coordinator

Name: Vevia Sturm	Title: Agency PREA Coordinator
Email: vevia.sturm@doc.mo.gov	Telephone: 573 522 3335



<b>PREA Coordinator Reports to:</b> Office of Professional Standards		<b>Number of Compliance Managers who report to the PREA Coordinator</b> 31	
<b>Facility Information</b>			
<b>Name of Facility:</b> Transition Center of St. Louis			
<b>Physical Address:</b> 1621 N. 1 <sup>st</sup> Street, St. Louis, MO. 63102			
<b>Mailing Address (if different than above):</b> Click or tap here to enter text.			
<b>Telephone Number:</b> 314 877 0300			
<b>The Facility Is:</b>		<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Private not for Profit
<b>Facility Type:</b>	<input type="checkbox"/> Community treatment center		<input type="checkbox"/> Halfway house
	<input type="checkbox"/> Mental health facility		<input type="checkbox"/> Restitution center
	<input checked="" type="checkbox"/> Alcohol or drug rehabilitation center		
<input checked="" type="checkbox"/> Other community correctional facility			
<b>Facility Mission:</b> Improving Lives for Safer Communities			
<b>Facility Website with PREA Information:</b> www.doc.mo.gov			
<b>Have there been any internal or external audits of and/or accreditations by any other organization?</b> MODOC Internal Audit <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Director</b>			
<b>Name:</b> Chris Sarchett		<b>Title:</b> Superintendent	
<b>Email:</b> Christopher.sarchett@doc.mo.gov		<b>Telephone:</b> 314 877 0300 ext. 234	
<b>Facility PREA Compliance Manager</b>			
<b>Name:</b> Cynthia Hygrade		<b>Title:</b> Associate Superintendent	
<b>Email:</b> Cynthia.Hygrade@doc.mo.gov		<b>Telephone:</b> 314 877 0300	
<b>Facility Health Service Administrator</b>			
<b>Name:</b> Tiffany Hazard		<b>Title:</b> Medical Supervisor	
<b>Email:</b> tiffany.hazzard@corizon.com		<b>Telephone:</b> 314 877 0300	
<b>Facility Characteristics</b>			

Designated Facility Capacity: 350		Current Population of Facility: 150	
Number of residents admitted to facility during the past 12 months			378
Number of residents admitted to facility during the past 12 months who were transferred from a different community confinement facility:			0
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			378
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			378
Number of residents on date of audit who were admitted to facility prior to August 20, 2012:			0
Age Range of Population:	<input checked="" type="checkbox"/> Adults 19- 72	<input type="checkbox"/> Juveniles N/A	<input type="checkbox"/> Youthful residents N/A
Average length of stay or time under supervision: 6 months			6 months
Facility Security Level: Probation & Parole			Field Supervision
Resident Custody Levels:			N/A
Number of staff currently employed by the facility who may have contact with residents:			122
Number of staff hired by the facility during the past 12 months who may have contact with residents:			30
Number of contracts in the past 12 months for services with contractors who may have contact with residents:			1
<b>Physical Plant</b>			
Number of Buildings: 1		Number of Single Cell Housing Units: Click or tap here to enter text.	
Number of Multiple Occupancy Cell Housing Units:		6.5	
Number of Open Bay/Dorm Housing Units:		4	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):  The cameras are placed strategically throughout the facility			
<b>Medical</b>			
Type of Medical Facility:		Local Hospital	
Forensic sexual assault medical exams are conducted at:		Local Hospital	
<b>Other</b>			
Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:			90
Number of investigators the agency currently employs to investigate allegations of sexual abuse:			10

# Audit Findings

## Audit Narrative

*The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.*

The Prison Rape Elimination Act (PREA) Recertification Audit for the Transition Center of St. Louis (TCSTL) on June 27-28, 2019. This facility is under the authority of Missouri Department of Corrections (MODOC), Probation and Parole Division. The PREA Audit of this facility started with the reviews of PREA Audit Questionnaire. A line of communication was developed between PREA Auditor Darren Bryant and the Facility PREA Site Coordinator Cynthia Hygrade. The notifications of the on-site audit were posted on May 6, 2019. The notices were posted throughout the facility for staff and residents to communicate with the PREA Auditor.

The on-site was conducted June 27, 2019. The facility count was 150 residents. An entrance meeting was held in the Administrative room with Superintendent Christopher Sarchett, Associate Superintendent & PREA Site Coordinator Cynthia Hygrade, Agency PREA Coordinator Vevia Sturm, and DOJ Certified PREA Auditor Darren Bryant. The site visit of the facility was conducted after the entrance meeting.

The site visit consisted of conducting a full tour of the facility, a thorough review of documentation, and interviews with staff and residents during the site visit. Areas visited during the tour included the kitchen area, resident housing, recreation yards, warehouse area, program areas, control room, intake area, and administration area. Auditor observed notification of PREA Audits throughout the facility during the site visit.

The auditor interviewed a total of 19 residents from different housing units, 18 random selected, 1 targeted resident identified as Bi- sexual. There were no residents at this facility who identified as Lesbian, Gay, Transgender, or intersex, Residents who reported sexual abuse, Residents who reported sexual victimization during risk screening, and Residents who identified as Limited English Proficiency, or Disabilities. All interviewed residents were knowledgeable of the agency's zero tolerance of sexual abuse / harassment and procedures for reporting.

Auditor interviewed a total of 23 staff members, to include those working all shifts (1) Agency Head, (1) Designated Staff member charged with monitoring retaliation, (1) PREA Coordinator, (2) Incident Review Team Member, (1) Volunteer, (2) Intermediate or higher supervisor, (2) Intake Staff, (1) Investigative Staff, (1) Medical, (1) Mental Health, (10) Random Staff. All staff was knowledgeable of the agency's zero tolerance of sexual abuse and harassment.

At the conclusion of the on-site visit, an exit meeting was held to discuss the audit findings on June 28, 2019. The following individuals were in attendance Agency PREA Coordinator Vevia Sturm, Associate Superintendent & PREA Site Coordinator Cynthia Hygrade, and Superintendent Christopher Sarchett.

The auditor explained the process that would follow the on-site visit. The auditor also explained that any standard findings of "Does Not Meet" during the audit would require corrective action and a possible follow

up visit to determine compliance. Auditor acknowledged the willingness of all staff involved to accomplish PREA compliance and advised them of their requirements to post the final report on the agency website once completed.

## Facility Characteristics

*The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.*

The Transition Center of St. Louis (TCSTL), is located downtown St. Louis, MO. The TCSTL provides the Missouri Parole Board a residential program to supervise offenders transitioning from prison to the community.

The Transition Center of St. Louis is a 350- bed male facility which houses short term offenders with the average stay of 6 months. This facility has a Segregation Unit with 10 cells. The facility had an opening count of 150 residents during the site visit. The facility does not house any female offenders. The facility has 122 full time staff. Staff are designated as custody or non-custody (Probation and Parole, food service, maintenance, ware house workers or recreation).

The facility consist of one building contains 5 open bay type housing units. One unit was off- line during this site visit due to the low population count. The facility offers in-door and outdoor recreation. Food is prepared in the Food Service Department and residents are called by unit for their meals. Food is delivered to the Segregation Unit due to residents, pending disciplinary sanctions.

In 2017, the Missouri Department of Corrections transformed an aging community release center into the remodeled Transition Center St. Louis, providing housing and programming to men under community supervision.

In a four- phase transitional program, residents work on employment readiness, education, treatment, life skills, family reunification, parenting and money management. Two wings of the Transition Center are devoted to education, programming, and group activities. Computer labs are available for education and job search activities.

## Summary of Audit Findings

*The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category.** If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.*

**Auditor Note:** No standard should be found to be "Not Applicable" or "NA". A compliance determination must be made for each standard.

**Number of Standards Exceeded:** 4

115.215; 115.216; 115.231; 115.251

**Number of Standards Met:** 39

115.211; 115.12; 115.13; 115.14; 115.215; 115.216; 115.217; 115.218; 115.221; 115.222; 115.231; 115.232; 115.233; 115.234; 115.235; 115.241; 115.242; 115.243; 115.252; 115.254; 115.261; 115.262; 115.263; 115.264; 115.265; 115.265; 115.266; 115.267; 115.268; 115.271; 115.272; 115.273; 115.276; 115.277; 115.278; 115.281; 115.282; 115.283; 115.286; 115.287; 115.288; 115.289

**Number of Standards Not Met:** 0

N/A

**Summary of Corrective Action (if any)**

N/A

## PREVENTION PLANNING

### Standard 115.211: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

**All Yes/No Questions Must Be Answered by The Auditor to Complete the Report**

#### 115.211 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? ☒ Yes ☐ No

#### 115.211 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? ☒ Yes ☐ No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? ☒ Yes ☐ No

- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?  
☒ Yes   ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The Missouri Department of Corrections Procedure Manual D1- 8- 13 Offender Sexual Abuse and Harassment; MODOC Sexual Misconduct and Harassment Annual Guide For Staff, Contractors, and Volunteers; Resident Handbook, Organization Chart, and the facility standard operating procedure showing the responsibilities of the PREA Site Coordinator, after reviewing the above following, it was determined that this facility meets the intent of this standard.

The policies identified the Agency's strategies and responsibilities to detect, reduce and prevent sexual abuse and sexual harassment of residents. During the interviews with staff, they confirmed receiving PREA training and very knowledgeable about their responsibilities in regards to the Agency's PREA policy. PREA posters describing the agency's zero tolerance of sexual abuse and sexual harassment were observed strategically placed throughout the facility for staff and residents.

The Agency PREA Coordinator is a position assigned by the Agency's Director to coordinate the Agency's statewide compliance with PREA. The Facility's Associate Superintendent is also the PREA Site Coordinator, who is responsible for implementing and overseeing PREA at the facility. Both the Agency PREA Coordinator and PREA Site Coordinator indicated they have sufficient time and authority to oversee and implement PREA and able to make the necessary changes to policy and procedures when necessary.

## Standard 115.212: Contracting with other entities for the confinement of residents

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### 115.212 (a)

- If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) ☒ Yes ☐ No ☐ NA

#### 115.212 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.212(a)-1 is "NO".) ☒ Yes ☐ No ☐ NA

#### 115.212 (c)

- If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) ☒ Yes ☐ No ☐ NA
- In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) ☒ Yes ☐ No ☐ NA

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The MODOC contracts with four Community Release Centers. A copy of the contracts was provided and it was determined those contracting facilities had to follow PREA Standards and facilities must be audited. An interview with the Agency PREA Coordinator and PREA Site Coordinator also confirmed the above.



A review of Missouri Department of Corrections Board of Probation and Parole Policy and Procedure Manual also confirm the above.

## **Standard 115.213: Supervision and monitoring**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.213 (a)**

- Does the agency develop for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?  
☒ Yes ☐ No
- Does the agency document for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?  
☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the physical layout of each facility in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the resident population in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

#### **115.213 (b)**

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)  
☒ Yes ☐ No ☐ NA

#### **115.213 (c)**

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns? ☒ Yes ☐ No

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies? ☒ Yes ☐ No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

A review of the staffing plan confirms this facility meets the above standard by placing staff throughout the buildings to supervise and monitor residents to protect them from sexual abuse and harassment. The yearly staffing analysis is submitted by the Superintendent to the Agency Director and Agency PREA Coordinator for review. An interview with the Agency PREA Coordinator confirmed a review of the yearly facility staffing plan.

The facility video monitoring is supported by 284 cameras strategically positioned throughout the facility. Review of video monitoring confirmed the resident's privacy during showering, use of toilets, change of clothing was private from staff.

An interview with the Superintendent and Associate Superintendent confirmed staff schedules are adjusted, or paid overtime to meet the staffing expectation. There were no deviations noted to have occurred to critical staffing positions, however both confirmed any deviations would be documented.

The auditor reviewed the Supervisory Summary of Events Log. This log showed Supervisory Staff making unannounced rounds. An interview with the Assistant Chief of Security confirmed that Supervisory Staff is making unannounced rounds according to the above standard.

## Standard 115.215: Limits to cross-gender viewing and searches

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.215 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?  
☒ Yes ☐ No

#### 115.215 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if less than 50 residents) ☒ Yes ☐ No ☐ NA
- Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if less than 50 residents) ☐ Yes ☐ No ☒ NA

#### 115.215 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes ☐ No
- Does the facility document all cross-gender pat-down searches of female residents?  
☒ Yes ☐ No

#### 115.215 (d)

- Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No
- Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? ☒ Yes ☐ No

#### 115.215 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? ☒ Yes ☐ No
- If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?  
☒ Yes ☐ No

### 115.215 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

In accordance with a review of MODOC D1-8-13 Offender Sexual Abuse and Harassment, facility search policy, staff training logs, Wing PREA Check Logs, and Probation and Parole Post Order #0806 confirmed that this facility have policies and procedures in place to address the above standard.

Interviews with staff, also confirmed that the facility prohibits them from cross gender pat searches, and cross gender strip, or body cavity searches. Staff knew of the policy prohibiting them from physically examining transgender, or intersex residents for the sole purpose of determining the resident's genital status. The interviewed confirmed all female staff make their announcements before entering the male housing units. Auditor observed shower curtains for all showers to prevent cross gender viewing and half doors placed on all bathroom stalls.

Interview with residents confirmed no cross gender viewing and female staff make their announcements before entering the housing units.

A review of the training plan showed staff received training on searches and signed the acknowledgement form.

### Standard 115.216: Residents with disabilities and residents who are limited English proficient

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.216 (a)

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.) ☒ Yes ☐ No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? ☒ Yes ☐ No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? ☒ Yes ☐ No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision? ☒ Yes ☐ No

#### 115.216 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? ☒ Yes ☐ No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

#### 115.216 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The agency has established procedures to provide disabled residents, and residents with Limited English Proficiency with equal opportunity to participate in or benefit from the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Staff will provide PREA related education in formats accessible to all offenders, including those are limited English proficient, deaf, visually impaired, or otherwise disabled.

Observations during the site visit confirms Resident Handbooks are available in both English and Spanish. Auditor did not observe any Non English speaking residents, or disabled. Auditor observed a list that is kept at the facility of staff that's fluent in different languages.

A review of policy D1-8.13, Lesson Plan for Special Needs, and an interview with the PREA Site Coordinator confirmed those offenders with Special Needs are getting the PREA Training. Interviews with residents confirm all residents have been provided education on PREA in a format they could understand. During the interview with the PREA Site Coordinator, a questions was raised about disabled or non- English speaking residents. She confirmed that residents will be provided PREA Education and training in their language. Handicap resident will receive staff assistance during the PREA Training and through-out their stay at this facility.

## **Standard 115.217: Hiring and promotion decisions**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.217 (a)**

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

### **115.217 (b)**

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents? ☒ Yes ☐ No



**115.217 (c)**

- Before hiring new employees, who may have contact with residents, does the agency: Perform a criminal background records check? ☒ Yes ☐ No
- Before hiring new employees, who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? ☒ Yes ☐ No

**115.217 (d)**

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? ☒ Yes ☐ No

**115.217 (e)**

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees? ☒ Yes ☐ No

**115.217 (f)**

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? ☒ Yes ☐ No
- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? ☒ Yes ☐ No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No

**115.217 (g)**

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? ☒ Yes ☐ No

**115.217 (h)**

- Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) ☒ Yes ☐ No ☐ NA

## Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

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The following policies were reviewed MODOC Directive D1-8-13, Offender Sexual Abuse and Harassment, Directive D2-2-2, Background Investigations, D2-2-8, Promotional Appointment.

An interview with the Associate Superintendent, due to HR Manager being absent. The Associate Superintendent confirmed before hiring new employees, Human Resources staff or designee will perform a criminal background records check and contact all prior institutional employers, for information on substantiated allegations of sexual abuse & harassment, or any resignation during a pending investigation of an allegation of sexual abuse, or harassment. A review of emails showing HR receiving criminal background checks from the Missouri Highway Patrol.

The Associate Superintendent further explained, yearly background checks are also conducted on the staff member birth month and also driver's license. The background checks are conducted through the Missouri State Highway Patrol (MULES), and a NCIC check is also conducted. Staff are required to report any accidents and traffic violations.

Staff files will be reviewed before any promotions. A check is conducted of the employee official personnel file through central office human resources department. The files are reviewed for any discipline, pending discipline, and sexual abuse, or harassment investigations.

Auditor reviewed a sampling of employee applications. All application for employment specifically asks applicants the PREA related questions required by the above standard.

## Standard 115.218: Upgrades to facilities and technologies

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.218 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse?

(N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)

☒ Yes ☐ No ☐ NA

#### 115.218 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)

☒ Yes ☐ No ☐ NA

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The review of the PREA- Audit Questionnaire and interviews with the Superintendent and PREA Site Coordinator indicated that all Bathrooms were fixed to meet PREA Standards by purchasing new shower curtains for privacy of the residents, while showering. One new camera was installed in Medical Department. Resident Housing Units now have dayrooms in front of Officer Station.

The facility is equipped with 284 cameras and they're placed strategically throughout the facility. No blind spots were noted during the site visit. All resident toilets installed with half doors giving them privacy, while using the rest room, and all showers equipped with shower curtains.

## RESPONSIVE PLANNING

### Standard 115.221: Evidence protocol and forensic medical examinations

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.221 (a)**

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  
☒ Yes ☐ No ☐ NA

**115.221 (b)**

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

**115.221 (c)**

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? ☒ Yes ☐ No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ☒ Yes ☐ No
- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

**115.221 (d)**

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? ☒ Yes ☐ No
- Has the agency documented its efforts to secure services from rape crisis centers?  
☒ Yes ☐ No

#### 115.221 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? ☒ Yes ☐ No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes ☐ No

#### 115.221 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

#### 115.221 (g)

- Auditor is not required to audit this provision.

#### 115.221 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above.) ☒ Yes ☐ No ☐ NA

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Missouri Department of Corrections conducts their own criminal & administrative investigations into sexual abuse & harassment. An interview with Agency Investigator, confirmed the agency conduct their criminal and administrative investigations. Sexual abuse & harassment cases are assigned to

Agency Investigators by the PREA Office. All sexual abuse cases will be investigated and forwarded to the State Attorney's Office for prosecution.

Victim of sexual abuse will be transported to the local hospital for forensic examination by the SANE/SAFE Nurse. The facility investigator will take custody of any forensic evidence for future prosecution. The facility has received advanced training on sexual abuse in a confinement setting and uniform evidence protocol. The facility investigator is a retired law enforcement and also received prior criminal investigation training.

Auditor reviewed the following directives D1-8.8 Evidence Collection, D1-8.13 Offender Sexual Abuse and Harassment. Auditor reviewed a Memorandum of Understanding (MOU) with the St. Louis County Sheriff Department.

There has been no incidents of sexual abuse reported by residents of Transition Center of St. Louis.

## **Standard 115.222: Policies to ensure referrals of allegations for investigations**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.222 (a)**

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? ☒ Yes ☐ No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? ☒ Yes ☐ No

#### **115.222 (b)**

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? ☒ Yes ☐ No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? ☒ Yes ☐ No
- Does the agency document all such referrals? ☒ Yes ☐ No

#### **115.222 (c)**

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).]  
☒ Yes ☐ No ☐ NA

#### 115.222 (d)

- Auditor is not required to audit this provision.

#### 115.222 (e)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

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Auditor reviewed the following policies D1-8.1 Investigative Unit Responsibilities, D-1.13 Offender Sexual Abuse and Harassment, and PREA Checklist.

All allegations of offender sexual abuse and harassment, including third party reporting, and anonymous reports, are to be reported to the shift supervisor as outlined in the resident sexual abuse & procedure. Missouri Department of Corrections (MODOC) directive requires and administrative or criminal investigation.

Interviews with the Agency Investigator, Superintendent, Associate Superintendent, and Supervisors. All confirmed allegations of sexual abuse & harassment will be investigated by the Office of Professional Standards Investigator. Any staff member found to violate the above will be criminally charged and terminated.

There were no allegations of sexual abuse, or harassment by residents of Transition Center of St. Louis.

## TRAINING AND EDUCATION

### Standard 115.231: Employee training

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report



**115.231 (a)**

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?  
☒ Yes ☐ No

**115.231 (b)**

- Is such training tailored to the gender of the residents at the employee's facility? ☒ Yes ☐ No
- Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? ☒ Yes ☐ No

**115.231 (c)**

- Have all current employees who may have contact with residents received such training?  
☒ Yes ☐ No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? ☒ Yes ☐ No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? ☒ Yes ☐ No

#### 115.231 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The facility trains all employees initially and at least annually. This information was verified by training logs and staff interviews. A review of training records showed staff acknowledging receipt and understanding the material. The training consisted of the following; agency zero tolerance policy for sexual abuse and harassment, How to fulfill their responsibilities under agency sexual abuse, how to report, detect, and respond to sexual abuse and harassment, how to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming, and etc.

Interviews with random and specialized staff each confirmed they were aware of their responsibilities to protect victims, respond to allegations made, and write the report for investigation. All staff were issued a pocket card identifying how to respond, and report to allegations of sexual abuse and harassment. Auditor learned from staff about training scenarios during shift briefing.

#### Standard 115.232: Volunteer and contractor training

## All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.232 (a)

- Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? ☒ Yes ☐ No

### 115.232 (b)

- Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)? ☒ Yes ☐ No

### 115.232 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? ☒ Yes ☐ No

## Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

All volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse & harassment. The level and type of training provided to the contractors and volunteers is based on the level of contact with them.

PREA training provided to volunteers and contractors includes the agency's policy and procedure regarding sexual abuse and harassment prevention, detection, response, and reporting. Training records reviewed and showed training received and acknowledged as being understood.

Auditor interviewed one volunteer, and two contractors. All three knew how to detect, report, and respond to sexual abuse and harassment.

## **Standard 115.233: Resident education**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.233 (a)**

- During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No
- During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No
- During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No
- During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents? ☒ Yes ☐ No
- During intake, do residents receive information regarding agency policies and procedures for responding to such incidents? ☒ Yes ☐ No

### **115.233 (b)**

- Does the agency provide refresher information whenever a resident is transferred to a different facility? ☒ Yes ☐ No

### **115.233 (c)**

- Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient? ☒ Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf? ☒ Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired? ☒ Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled? ☒ Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills? ☒ Yes ☐ No

#### 115.233 (d)

- Does the agency maintain documentation of resident participation in these education sessions?  
☒ Yes ☐ No

#### 115.233 (e)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

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The agency policy requires staff to provide the initial PREA training to residents on the day of arrival. The training is provided by a designated staff members.

Auditor interviewed 18 random residents and 1 target resident. All residents confirmed they received PREA training within the first couple of hours. All the residents discussed the posters and knew how to utilize the PREA hotline. Residents knew how to report a PREA allegation to staff, and knew about the third party reporting.

Auditor observed one resident being admitted and processed to the facility. Auditor observed staff showing the video and issuing the resident PREA material. Auditor observed the resident sign for his material and training. This sheet will be placed in the resident's file. Auditor conducted a tour of the facility and observed PREA posters, and pamphlets throughout the facility accessible to all residents.

#### Standard 115.234: Specialized training: Investigations

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.234 (a)

- In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] ☒ Yes ☐ No ☐ NA

#### 115.234 (b)

- Does this specialized training include: Techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] ☒ Yes ☐ No ☐ NA
- Does this specialized training include: Proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] ☒ Yes ☐ No ☐ NA
- Does this specialized training include: Sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] ☒ Yes ☐ No ☐ NA
- Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] ☒ Yes ☐ No ☐ NA

#### 115.234 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] ☒ Yes ☐ No ☐ NA

#### 115.234 (d)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

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An interview was conducted with the Agency Investigator. The investigator informed me, that he received training in Proper use of Miranda and Garrity warning, evidence collection, sexual abuse investigation in a confinement setting, interviewing sexual abuse or harassment victims, and how to investigate a criminal and administrative investigation.

Auditor reviewed documentation showing investigators receiving the above specialized training. All investigators must have the above training according to agency Policy D1-8.13.

## **Standard 115.235: Specialized training: Medical and mental health care**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.235 (a)**

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? ☒ Yes ☐ No

### **115.235 (b)**

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? N/A if agency medical staff at the facility do not conduct forensic exams.) ☒ Yes ☐ No ☐ NA

### **115.235 (c)**

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? ☒ Yes ☐ No



#### 115.235 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? ☒ Yes ☐ No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? [N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.]  
☒ Yes ☐ No ☐ NA

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

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The agency has a policy D1-8.13 Offender Sexual Abuse and Harassment related to the medical and mental health staff who work regularly in its facilities, however residents that are victims of sexual abuse will receive its care at the local hospital.

The above was confirmed during the interview of both medical and mental health personnel, however they will provide the follow up care.

## SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

### Standard 115.241: Screening for risk of victimization and abusiveness

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### 115.241 (a)

- Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents? ☒ Yes ☐ No

- Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents? ☒ Yes ☐ No

#### 115.241 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?  
☒ Yes ☐ No

#### 115.241 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?  
☒ Yes ☐ No

#### 115.241 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?  
☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?  
☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability? ☒ Yes ☐ No

#### 115.241 (e)

- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? ☒ Yes ☐ No
- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? ☒ Yes ☐ No
- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse? ☒ Yes ☐ No

#### 115.241 (f)

- Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? ☒ Yes ☐ No

#### 115.241 (g)

- Does the facility reassess a resident's risk level when warranted due to a: Referral? ☒ Yes ☐ No
- Does the facility reassess a resident's risk level when warranted due to a: Request? ☒ Yes ☐ No
- Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse? ☒ Yes ☐ No
- Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness? ☒ Yes ☐ No

#### 115.241 (h)

- Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? ☒ Yes ☐ No

#### 115.241 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents? ☒ Yes ☐ No

## Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

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The facility has a practice to conduct screening for risk of sexual abuse victimization or sexual abusiveness toward other residents immediately upon intake. The risk assessment is conducted using an objective screening instrument policy D1-8.13 Offender Sexual Abuse and Harassment, requires that the facility reassess each resident's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the resident's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. The screening instrument includes whether the resident has a mental, physical, or developmental disability, the age and physical build of the resident, previously incarceration history, whether the resident's criminal history is exclusively nonviolent, prior convictions for sex offenses, whether the resident is or perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming, past sexual victimization, self- perception of vulnerability and civil immigration status.

Information obtained during the initial assessment and reassessment is placed in the resident's classification file. These files are accessible to authorize staff only, for example Superintendent, Associate Superintendent, and Classification staff.

The above information was confirmed by interviewing the Superintendent, Associate Superintendent, and Staff members assigned to screen residents for victimization. Auditor observed staff screening a resident after the intake process. Auditor did review several completed residents screening forms.

## Standard 115.242: Use of screening information

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.242 (a)

- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? ☒ Yes ☐ No

#### 115.242 (b)

- Does the agency make individualized determinations about how to ensure the safety of each resident? ☒ Yes ☐ No

#### 115.242 (c)

- When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? ☒ Yes ☐ No
- When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems? ☒ Yes ☐ No

#### 115.242 (d)

- Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? ☒ Yes ☐ No

#### 115.242 (e)

- Are transgender and intersex residents given the opportunity to shower separately from other residents? ☒ Yes ☐ No

#### 115.242 (f)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

A review of policy D1-8.13 Offender Sexual Abuse and Harassment, PREA Risk Screening confirms the screening tool for risk of victimization or abusiveness is used to guide housing, work detail, education and program assignments. Policy requires housing assignments for transgender / intersex residents be made on a case by case basis, with consideration given in regard to the residents own view of their safety.

Auditor interviewed 19 residents and all confirmed they were screened twice within a six month time frame. Auditor conducted an interview with a resident that identified as bi-sexual, because there was no residents that identified as gay, transgender or intersex during this PREA Audit. The resident confirmed that the facility screened him twice within six months. Auditor questioned the resident about

an opportunity to shower in private. The resident informed the auditor, that he can shower separately from other residents. During the site visit it was confirmed that all residents can shower separately.

Auditor conducted an interview with the PREA Site Coordinator. The PREA Site Coordinator confirmed that all residents are screened twice within a six month timeframe due to their average stay of six months. The auditor found out during this interview about Transition Center of St. Louis Transgender / Intersex Committee that makes decisions on the housing, programing. Auditor interviewed two staff members responsible for the housing, programing, and job placement of all residents. They confirmed that they take into consideration the residents own views when making housing assignments.

## REPORTING

### Standard 115.251: Resident reporting

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### 115.251 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? ☒ Yes ☐ No

#### 115.251 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
- Does that private entity or office allow the resident to remain anonymous upon request? ☒ Yes ☐ No

#### 115.251 (c)

- Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? ☒ Yes ☐ No
- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? ☒ Yes ☐ No



#### 115.251 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Auditor reviewed policy D1-8.9 Crime Tips and PREA Hotline, D1-8.13 Offender Sexual Abuse and Harassment, Resident Handbook, PREA Posters, and Brochure, and the Grievance policy. The auditor learned after reviewing the above, that this agency has a policy and established procedures allowing for multiple internal and external ways for residents to report privately to agency officials about sexual abuse or sexual harassment.

The Residents Handbook is issued upon admission to every resident. This handbook explains how a resident can report internally by submitting a note to the staff member, or tell them verbally. The Resident can file an Emergency Grievance. Residents can report externally by contacting MODOC PREA Unit, PREA Hotline, or Crime tips.

PREA Posters are posted throughout the facility which informs the residents of reporting options. Reports to an external organization may be made confidentially and remain anonymous upon request. Residents can report allegations to third parties who in turn would contact the Missouri Department of Corrections. All sexual abuse allegation including anonymous allegations will be investigated. An interview with the facility investigator confirmed all allegations reported, including anonymous and third party will be investigated in accordance with policy.

Interviews with random staff, and random residents confirmed their knowledge on methods for residents and staff to report any and all allegations of sexual abuse and / or harassment verbally and / or in writing both internally and externally.

The Associate Superintendent / PREA Site Coordinator was interviewed and discussed the agency policy mandating all staff to accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. They explained, that all resident's allegation would be thoroughly investigated. The interview confirmed that residents can submit grievances alleging sexual abuse or harassment.

## Standard 115.252: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.252 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. ☒ Yes ☐ No ☐ NA

### 115.252 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

### 115.252 (c)

- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

### 115.252 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time [the maximum allowable extension of time to respond is 70 days per 115.252(d)(3)] , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

#### 115.252 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)  
☒ Yes ☐ No ☐ NA
- Are those third parties also permitted to file such requests on behalf of residents? (If a third-party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)  
☒ Yes ☐ No ☐ NA
- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)  
☒ Yes ☐ No ☐ NA

#### 115.252 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)  
☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)  
☒ Yes ☐ No ☐ NA
- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

#### 115.252 (g)

- If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The agency has policies D1-8.13 Offender Sexual Abuse and Harassment, D5-3.2 Offender Grievance and procedure for dealing with residents grievances regarding sexual abuse. Agency procedure allows a resident to submit a grievance regarding an allegation of sexual abuse at any anytime regardless of timeframe of the incident. Agency policy doesn't require a resident to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse. Agency procedure requires that a resident grievance alleging sexual abuse not be forwarded to the staff member who is the subject.

Residents are informed of the grievance process during the orientation. Residents will not have a time limit on grievances pertaining to sexual abuse or harassment. Agency policy and procedure require a decision on the merit of any grievance or portion of the grievance alleging sexual abuse to be made within 90 days of filing the grievance. Staff are required to notify the resident in writing when the agency files for an extension, including notice of the date by which a decision will be made. The agency authorize assistance when residents for filing these grievances by third parties. The agency policy also address the resident's opportunity to file an emergency grievance alleging they are subject of imminent sexual abuse. The agency will respond within 48 hours upon receipt, and a final decision will be made within five days, according to policy.

Interview with the PREA Site Coordinator, who oversees the grievance program, confirmed her knowledge of agency policy. No emergency grievances alleging sexual abuse or harassment was filed during the past year for this PREA Audit

## Standard 115.253: Resident access to outside confidential support services

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.253 (a)

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

#### 115.253 (b)

- Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? ☒ Yes ☐ No

#### 115.253 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse? ☒ Yes ☐ No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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Missouri Department of Corrections has a MOU with the Crime Victim Advocacy Center (CVAC) to provide advocacy services to residents that are a victim of sexual abuse. The agreement outlines the services provided by the program as: follow-up with residents who make direct contact seeking rape crisis services via telephone or mail. Residents are notified of their ability to contact CVAC through PREA information provided to them during the admission process, and through posters displayed throughout the facility. Residents were provided with addresses and phone numbers to national sexual abuse agencies at the Just Detention International.

During the site visit, PREA Posters were placed throughout the facility with important contact information for victims of sexual abuse. The Resident Handbook was reviewed and it contain important contact information. Auditor observed the phones located in all resident's housing. The phones don't have the capability to record, giving residents another avenue of confidentiality. The phones were tested to see if a resident can call the PREA Hotline. The phones were operational and can call Crime Tip Line. Residents in Segregation Housing can also use the phones to report sexual abuse or harassment, according to MODOC policy D1-8.9 Crime Tips and PREA Hotline, an interview with staff confirm the above.

An interview was conducted with the PREA Site Coordinator. She explained that mail forwarded to the outside crisis center will be treated as legal mail. She confirmed residents have two different ways to communicate with the crisis's unit in private.

Missouri Department of Corrections D1-8.13 addresses resident private and confidential discussion with crisis center on the phone or through correspondence.

## Standard 115.254: Third-party reporting

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.254 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

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The MODOC website review confirms detailed PREA information is available and informs the public of their ability to submit sexual abuse/ harassment allegations on behalf of residents.

([DOC.PREA@doc.mo.gov](mailto:DOC.PREA@doc.mo.gov)) Phone number 573 526 9003

Interview with staff and residents confirmed their knowledge about third party reporting. Family or friends can make the report on behalf of the resident to the above website, or phone number. The Agency's investigator, Superintendent, and Associate Superintendent were interviewed and all confirmed all third party reporting of sexual abuse, or harassment will be investigated according to policy.

## OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

### Standard 115.261: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.261 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? ☒ Yes ☐ No

#### 115.261 (b)

- Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? ☒ Yes ☐ No

#### 115.261 (c)



- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?  
☒ Yes ☐ No
- Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? ☒ Yes ☐ No

#### 115.261 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? ☒ Yes ☐ No

#### 115.261 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

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The agency requires all staff to report immediately and according to agency policy D1-8.13, any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency. Any retaliation against residents or staff who reported the incident. Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Apart from reporting to designated supervisors or officials and designated state or local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. Unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse pursuant to paragraph (a) of this section and to inform residents of the practitioner's duty to

report, and the limitations of confidentiality, at the initiation of services. The facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators.

Auditor was able to confirm the above information by interviewing the PREA Site Coordinator, Medical, Mental Health, Volunteer and Agency Investigator. Medical and Mental Health Staff informed this auditor about their duty to report. The Agency Investigator was interviewed and confirmed all sexual abuse allegations, and harassment, including third party will be investigated. The PREA Site Coordinator confirmed policy requiring staff to report any knowledge of sexual abuse and harassment. During the interview with the volunteer, he acknowledge policy and his responsibilities to report any knowledge of sexual abuse or harassment. Random staff interviews confirmed their responsibility to report any knowledge of sexual abuse or harassment to their immediate supervisor.

A review of Missouri State Statute 217.410 makes failure to report offender abuse a Criminal Offense.

## Standard 115.262: Agency protection duties

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.262 (a)

- When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident? ☐ Yes ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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The PREA Site Coordinator, along with Random Staff, were interviewed. They explained if they learn of resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident. The resident will be immediately moved away from other residents to another area of the facility, such as the Administration area, until appropriate actions can be taken to provide safe and appropriate

housing. The interviews indicated that this facility had no incidents where a resident was at substantial risk of imminent sexual abuse.

Auditor reviewed policy D1-8.13 Offender Sexual Abuse and Harassment, D5-3.2 Offender Grievance, and PREA Training Outline. This agency has policies outlining immediate steps that are to be taken to protect residents with a substantial risk of sexual abuse. The PREA Training also outline actions to be taken when a resident with a substantial risk of sexual abuse.

## Standard 115.263: Reporting to other confinement facilities

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.263 (a)

- Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? ☒ Yes ☐ No

#### 115.263 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? ☒ Yes ☐ No

#### 115.263 (c)

- Does the agency document that it has provided such notification? ☒ Yes ☐ No

#### 115.263 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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In accordance with a review of MODOC policy D1-8.13 Offender Sexual Abuse and Harassment. Transition Center of St. Louis meets the mandate of this standard. Missouri Department of Corrections policy require upon receiving information that a resident has been sexually abused while assigned at another department facility, the coordinated response for residents of sexual abuse will be immediately initiated. If the alleged abuse occurred at a facility outside the department, the notification checklist will be forwarded to the PREA Manager. The PREA Manager will ensure notification to the facility is made within 72 hours. The PREA Manager will document the notification made.

Interviews were conducted with the PREA Site Coordinator and Agency Investigator both confirmed their responsibility when becoming aware of such incidents.

There was an incident of sexual abuse at another facility outside of MODOC facilities. All notifications were made to the other facility. The head of that facility was contacted by the PREA Site Coordinator within 72 hours. Auditor reviewed the report and timelines, it showed the other facility outside of MODOC was notified. Resident was transported to the hospital for treatment. Resident was interviewed by Law Enforcement about the alleged sexual abuse incident.

## **Standard 115.264: Staff first responder duties**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.264 (a)**

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?  
☒ Yes   ☐ No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? ☒ Yes   ☐ No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes   ☐ No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes   ☐ No

#### **115.264 (b)**

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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The auditor reviewed policy D1-8.13 Offender Sexual Abuse and Harassment, First Responder Checklist, PREA Training and also interviewed Random Staff, and PREA Site Coordinator. It was determined that Transition Center of St. Louis meets this standard.

A review of the Training Lesson Plan on PREA confirms it is detailed and outline steps first responders are to take if staff become aware of sexual assault. Interviews with staff, supervisors, and PREA Site Coordinator reveal staff are knowledgeable on first responder duties. All staff members were issued laminated cards listing first responder duties. One volunteer and two contractors were interviewed and acknowledged their steps to follow as a first responders.

The agency policy outline staff responsibility while acting as a first responder to sexual abuse of a resident. Staff identified as the first responder will immediately notify their immediate supervisor. The Shift Supervisor will make other notifications. Staff will separate the alleged victim from the abuser, preserve and protect the crime scene, and request the alleged victim and alleged abuser take no action to destroy evidence.

## Standard 115.265: Coordinated response

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.265 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The facility has developed a written plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. This plan includes details and specific community partner information. A checklist form is utilized to ensure all steps are properly completed and appropriate notifications are made in a timely manner. Interviews with staff indicate that each were aware of their specific responsibilities under this plan.

### Standard 115.266: Preservation of ability to protect residents from contact with abusers

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.266 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? ☐ Yes ☐ No

#### 115.266 (b)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (Requires Corrective Action)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The current Labor Union has expired. Per the Prison Rape Elimination Act, D2-11.6 Labor Organizations, the department shall not enter into or renew any collective bargaining agreements or other agreements that limit the department's ability to remove alleged staff sexual abusers from contact with any offender or resident pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

An interview with the Associate Superintendent confirmed the agency has not entered into any new agreements or renewal with collective bargaining. A review of the old expired contract of The American Federation of State, County and Municipal (AFSCME), and Service Employees International Union (SEIU), indicate there were no restrictions on the Agency's ability to remove staff from contact with residents if needed.

### Standard 115.267: Agency protection against retaliation

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

##### 115.267 (a)

- Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff? ☒ Yes ☐ No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

##### 115.267 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? ☒ Yes ☐ No

##### 115.267 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct



and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident housing changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? ☒ Yes ☐ No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

#### **115.267 (d)**

- In the case of residents, does such monitoring also include periodic status checks?  
☒ Yes ☐ No

#### **115.267 (e)**

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?  
☒ Yes ☐ No

#### **115.267 (f)**

- Auditor is not required to audit this provision.

## Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The agency has a written policy D1-8.13 Offender Sexual and Harassment, Procedure NO. P4-4.1 and a PREA Retaliation Checklist to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by staff or residents. The policy provides protective measures to ensure safety of the resident that includes housing changes, or transfer of victim or abuser, removal of alleged staff member or resident away from the victim. The agency has assigned the Associate Superintendent with monitoring staff and residents that report and cooperate with sexual abuse or harassment investigations. Transition Center of St. Louis has no reported sexual abuse or harassment allegations within past 12 months.

The Superintendent and PREA Site Coordinator was interviewed and confirmed they were aware of the monitoring process. The monitoring process includes individual meetings with staff member or resident would be conducted every 30 days up to 90 days and longer if necessary. These meetings will be documented.

# INVESTIGATIONS

## Standard 115.271: Criminal and administrative agency investigations

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### 115.271 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).] ☒ Yes ☐ No ☐ NA

- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).]  
☒ Yes ☐ No ☐ NA

#### 115.271 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234? ☒ Yes ☐ No

#### 115.271 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☒ Yes ☐ No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?  
☒ Yes ☐ No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ☒ Yes ☐ No

#### 115.271 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? ☒ Yes ☐ No

#### 115.271 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?  
☒ Yes ☐ No
- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? ☒ Yes ☐ No

#### 115.271 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? ☒ Yes ☐ No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? ☒ Yes ☐ No

#### 115.271 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? ☒ Yes ☐ No

#### 115.271 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? ☒ Yes ☐ No

#### 115.271 (i)

- Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? ☒ Yes ☐ No

#### 115.271 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? ☒ Yes ☐ No

#### 115.271 (k)

- Auditor is not required to audit this provision.

#### 115.271 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? [N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.221(a).] ☒ Yes ☐ No ☐ NA

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does*

*not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

In accordance with a review of policy D1-8.1 Office of Professional Standards (OPS), D1-8.4 Institutional Investigations, Interviews the Agency PREA Coordinator, and PREA Site Coordinator, Transition Center of St. Louis meets the mandate of this standard. The investigative process was articulated by the Agency Investigator, and Agency PREA Coordinator confirming investigators follow a uniform evidence protocol during the investigations of sexual abuse and sexual harassments that meets all mandates of this standard, while describing each measure utilized. Training documentation supporting completion of the specialized training for the investigator, who is assigned to the PREA Investigative Unit. The MODOC conducts resident on resident sexual abuse/ harassment investigations. All allegations that involve staff that appear to be criminal are forwarded to local law enforcement. If local law enforcement does not accept the case, the OPS PREA Unit will investigate the allegation and forward to the state attorney for review. The Agency's Investigator will maintain an open line of communication with investigators from outside agencies, while providing additional support as needed. The credibility of an alleged victim, suspect, or witness is assessed on an individual basis and not determined by the person's status as a resident or staff. Residents who allege sexual abuse are not required to submit to a polygraph examination or other truth telling device as a condition for proceeding with the investigation of such allegation. Additionally, the departure of the alleged abuser or victim from employment or release from the facility, the agency will continue and complete the investigation. All investigative files are stored and retain for 90 years.

## **Standard 115.272: Evidentiary standard for administrative investigations**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.272 (a)**

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? ☒ Yes ☐ No

### **Auditor Overall Compliance Determination**

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### **Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The Investigation Unit policies D1-8.1 Office of Professional Standards, D1-8.4 Institutional Investigations, and D1-8.13 Offender Sexual Abuse and Harassment, indicate the preponderance of evidence is the evidentiary standard utilized for investigative cases. This was confirmed during interview with the Agency investigator.

## **Standard 115.273: Reporting to residents**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.273 (a)**

- Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? ☒ Yes ☐ No

#### **115.273 (b)**

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) ☒ Yes ☐ No ☐ NA

#### **115.273 (c)**

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit? ☒ Yes ☐ No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? ☒ Yes ☐ No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? ☒ Yes ☐ No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

#### 115.273 (d)

- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?  
☒ Yes   ☐ No
- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?  
☒ Yes   ☐ No

#### 115.273 (e)

- Does the agency document all such notifications or attempted notifications? ☒ Yes   ☐ No

#### 115.273 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

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The MODOC policy D1-8.13 PREA Status Notification of Abuse by a Staff Member clearly states residents are to be notified of the outcome of investigations. Policy requires notification to the resident if the perpetrator is indicted, convicted, or in the case of a staff perpetrator, when the staff member is no longer assigned to the resident's unit or no longer employed at the facility. The policy contains a notification form for this purpose.

Interviews with the Agency PREA Coordinator, Superintendent, Agency's Investigator and PREA Site Coordinator confirms residents will be notified of the above requirements. There have been no sexual abuse investigations completed by Agency investigator or outside agency in the last 12 months of the PREA Audit.



## DISCIPLINE

### Standard 115.276: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.276 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? ☒ Yes ☐ No

#### 115.276 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? ☒ Yes ☐ No

#### 115.276 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? ☒ Yes ☐ No

#### 115.276 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies unless the activity was clearly not criminal? ☒ Yes ☐ No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

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Policy D1-8.13 Offender Sexual Abuse and Harassment, and D2-9.1 Employee Discipline clearly indicates staff will be subject to disciplinary sanctions, up to and including termination, for violating the sexual abuse / harassment policy and termination is the presumptive disciplinary action. Policy requires all terminations for violations, or resignation of staff who would have been terminated if not for resignation, will be reported to relevant licensing or law enforcement.

Interviews with the Superintendent, Associate Superintendent, Random Staff and Agency Investigator confirm they are knowledgeable with the above standard. Staff interviews revealed an awareness of the Agency's zero tolerance policy as it pertains to sexual abuse and sexual harassment.

This facility had no incidents of employee termination for sexual abuse or harassment in the last 12 months.

## **Standard 115.277: Corrective action for contractors and volunteers**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.277 (a)**

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies unless the activity was clearly not criminal? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? ☒ Yes ☐ No

#### **115.277 (b)**

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents? ☒ Yes ☐ No

### **Auditor Overall Compliance Determination**

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (Requires Corrective Action)

### Instructions for Overall Compliance Determination Narrative

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Policies D1-8.13 Offender Sexual Abuse and Harassment, D2-13.1 Volunteers, D2- 9.1 Employee Discipline indicates contractors or volunteers who engage in sexual abuse will be prohibited from contact with residents and will be investigated and criminally prosecuted.

An interview with one volunteer and two contractors during the site visit. They were aware of their responsibility as a contract and volunteer workers in regard to the PREA Standards. Interview with the Superintendent and Associate Superintendent confirmed they would take appropriate actions according to this standard. No sexual abuse incidents with contractors or volunteers have occurred within the last 12 months.

## Standard 115.278: Interventions and disciplinary sanctions for residents

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.278 (a)

- Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process? ☒ Yes ☐ No

#### 115.278 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? ☒ Yes ☐ No

#### 115.278 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior? ☒ Yes ☐ No

#### 115.278 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the

offending resident to participate in such interventions as a condition of access to programming and other benefits? ☒ Yes ☐ No

#### 115.278 (e)

- Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact? ☒ Yes ☐ No

#### 115.278 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? ☒ Yes ☐ No

#### 115.278 (g)

- Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)  
☒ Yes ☐ No ☐ NA

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

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A review of policy of policy D1-8.13 Offender Sexual Abuse and Harassment, Resident Handbook indicate offenders are subject to disciplinary sanctions pursuant to formal disciplinary process after a finding of guilt on administrative or criminal charges. Policy requires an offender's mental disabilities to be taken into consideration when considering disciplinary sanctions, residents, who make reports "in good faith" are not to receive disciplinary action.

The agency disciplines residents for sexual conduct with staff only upon finding that the staff did not consent. The staff member will be discipline and criminally charged, because residents cannot consent in the State of Missouri. There were no allegations of sexual abuse incidents within the last 12 months.

## MEDICAL AND MENTAL CARE

### Standard 115.282: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.282 (a)

- Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?  
☒ Yes ☐ No

#### 115.282 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262? ☒ Yes ☐ No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

#### 115.282 (c)

- Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? ☒ Yes ☐ No

#### 115.282 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  
☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

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The MODOC policy D1-8.13 Offender Sexual Abuse and Harassment, and Board of Probation Procedure 4-4.1 require medical treatment for residents who are sexually abused and specifies medical treatment is to occur prior to any investigative procedure.

Interviews with Superintendent, PREA Site Coordinator, Medical and Agency Investigator all confirm residents who have been sexually abused at this facility would be transported to the local hospital for medical examination by a SANE Nurse. This facility has medical staff, but preliminary assessment are not conducted on-site. The investigator will respond to the hospital to be present for the examination and investigative questioning. The resident will receive screening for sexually transmitted diseases and follow up care as indicated by policy, and medical staff. The medical treatment will be free of no charge. The resident will receive free counseling from the Crime Advocacy Center.

This facility has not had any cases of sexual abuse within the last 12 months.

## Standard 115.283: Ongoing medical and mental health care for sexual abuse victims and abusers

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.283 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? ☒ Yes ☐ No

#### 115.283 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? ☒ Yes ☐ No

#### 115.283 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? ☒ Yes ☐ No

#### 115.283 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) ☒ Yes ☐ No ☐ NA

#### 115.283 (e)

- If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) ☒ Yes ☐ No ☐ NA

#### 115.283 (f)

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? ☒ Yes ☐ No

#### 115.283 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? ☒ Yes ☐ No

#### 115.283 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

A review of policy D1-8.13 Offender Sexual Abuse and Harassment. The facility will offer follow up medical treatment at the local hospital. The hospital will provide any on-going treatment and testing that is warranted. This will be free of charge to the resident. Medical staff at this facility will assist with follow up care.



The Crime Victims Advocacy Center will provide counseling services and services to residents of sexual abuse free of charge.

The agency attempts to conduct mental health evaluations on all known abuser, but due to the facility classification, no known abuser will be housed at this facility.

Interviews with Medical, CVAC Employee and PREA Site Coordinator confirmed the above.

## DATA COLLECTION AND REVIEW

### Standard 115.286: Sexual abuse incident reviews

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### 115.286 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? ☒ Yes ☐ No

#### 115.286 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? ☒ Yes ☐ No

#### 115.286 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? ☒ Yes ☐ No

#### 115.286 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? ☒ Yes ☐ No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☒ Yes ☐ No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? ☒ Yes ☐ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No

- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? ☒ Yes ☐ No

### 115.286 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? ☐ Yes ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The MODOC policy D1-8.13 Offender Sexual Abuse and Harassment requires incident reviews be conducted 30 days after receipt of a completed sexual abuse investigation unless it was unfounded. The participants of the Incident Review Team includes Superintendent, Associate Superintendent (PREA Site Coordinator), Facility Major, Medical, Mental Health, and Line Staff. A Debriefing Form is included with the policy and covers all areas of this standard.

Interviews with the Superintendent, PREA Site Coordinator confirmed the above will happen after a sexual abuse incident. A copy of the Completed Debriefing Forms will be forwarded to the Agency PREA Coordinator. The facility would implement those recommendations that result from the review, or document reasons for not making implementations. There were no incidents of sexual abuse within the last 12 months at this facility requiring an Incident Review.

### Standard 115.287: Data collection

## All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.287 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? ☒ Yes ☐ No

### 115.287 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? ☒ Yes ☐ No

### 115.287 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? ☒ Yes ☐ No

### 115.287 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? ☒ Yes ☐ No

### 115.287 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.) ☒ Yes ☐ No ☐ NA

### 115.287 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) ☒ Yes ☐ No ☐ NA

## Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Policy D1-8.13 Offender Sexual Abuse and Harassment, requires each facility to collect and aggregate sexual abuse / harassment data. The Agency PREA Coordinator prepares an annual report compiling each facility's current year's data and corrective actions. The agency reviews and collects data as needed from all available documents, including reports, investigations files, and sexual abuse incident reviews. This information is provided to the Department of Justice with data from the previous years upon request.

## **Standard 115.288: Data review for corrective action**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.288 (a)**

- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? ☒ Yes ☐ No

#### **115.288 (b)**

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse ☒ Yes ☐ No

#### **115.288 (c)**

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? ☒ Yes ☐ No

#### **115.288 (d)**

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The MODOC policy requires each facility to submit an annual report regarding sexual abuse or harassment data. The facilities make a comparison of the current year's data and corrective actions with those from previous years and make an assessment of their progress in addressing sexual abuse, to include needed changes, staffing, cameras, and etc. A review of the annual report submitted by this facility, and a review of the Missouri Department of Corrections website confirms the annual reports are being completed. The annual reports by the Agency's Director. No personal identifiers were included were included in the report prior to publishing on the agency website.

## Standard 115.289: Data storage, publication, and destruction

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.289 (a)

- Does the agency ensure that data collected pursuant to § 115.287 are securely retained?  
☒ Yes ☐ No

#### 115.289 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? ☒ Yes ☐ No

#### 115.289 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? ☒ Yes ☐ No

#### 115.289 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

A review of the MODOC website (<http://www.doc.mo.gov/OD/PREA.phb>) confirms the agency makes available to the public sexual abuse data from all of its facilities and identifying information is appropriately redacted. This annual report would include areas of concern and corrective actions included in the annual report for each of the facilities throughout the agency.

The MODOC data is retained for at least 90 years and is secured by the Office of Professional Standards. All personal identifiers are removed before publishing the report. The annual report is posted on the website. Data is available from 2010 through 2017.

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### 115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) ☒ Yes ☐ No

#### 115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) ☒ Yes ☐ No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) ☒ Yes ☐ No ☐ NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) ☒ Yes ☐ No ☐ NA

#### 115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?  
☒ Yes ☐ No

#### 115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? ☒ Yes ☐ No

#### 115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?  
☒ Yes ☐ No

#### 115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)



☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

During the three year period starting on August 20, 2013, and during each three year period thereafter, the agency did ensure that each facility operated by the agency was audited at least once. During each one year period starting on August 20, 2013, the agency ensured that at least one third of each facility operated by the agency was audited. The auditor was given access and the opportunity to tour and visit all areas of the facility. The auditor was provided with an office that ensured privacy in conducting interviews with residents and staff during this site visit.

### Standard 115.403: Audit contents and findings

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) ☒ Yes ☐ No ☐ NA

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's*

*conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The MODOC website confirms that the agency ensures that the auditor's final report is published on the agency website. This facility last audit was on July 8, 2016. Transition Center of St. Louis audit was successful and posted to the website.

## AUDITOR CERTIFICATION

I certify that:

- ☒ The contents of this report are accurate to the best of my knowledge.
- ☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- ☒ I have not included in the final report any personally identifiable information (PII) about any resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

### Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.<sup>1</sup> Auditors are not permitted to submit audit reports that have been scanned.<sup>2</sup> See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Darren Bryant

August 4, 2019

**Auditor Signature**

**Date**

<sup>1</sup> See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

<sup>2</sup> See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.